CHEMST& DRUGSS

The newsweekly for pharmacy

October 30, 1993



No wonder Nicorette leads the way in smoking cessation

Nicorette now holds a firm 60% share of the smoking cessation market and is the only NRT brand with consistent market share growth over the last six months.

In fact, Nicorette puts more money through your till than the entire topical analgesics market for example. No wonder some are suggesting that Nicorette is the single biggest selling OTC brand.

What's more, Nicorette Patch is the *only* nicotine patch with a growing market share while new Nicorette Mint gum has brought you refreshing extra sales.

And soon you'll help even more smokers through the hard times with new Nicorette Mint Plus.

No wonder the Nicorette range is your No.1 choice for smoking cessation.

NICORETTE

MASTERS OF NICOTINE REDUCTION THERAPIES

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FHSAs get guidelines on PA criteria

Warwicks FHSA funds CPP audit group initiative

LPC and FHSA: time for a better alliance?

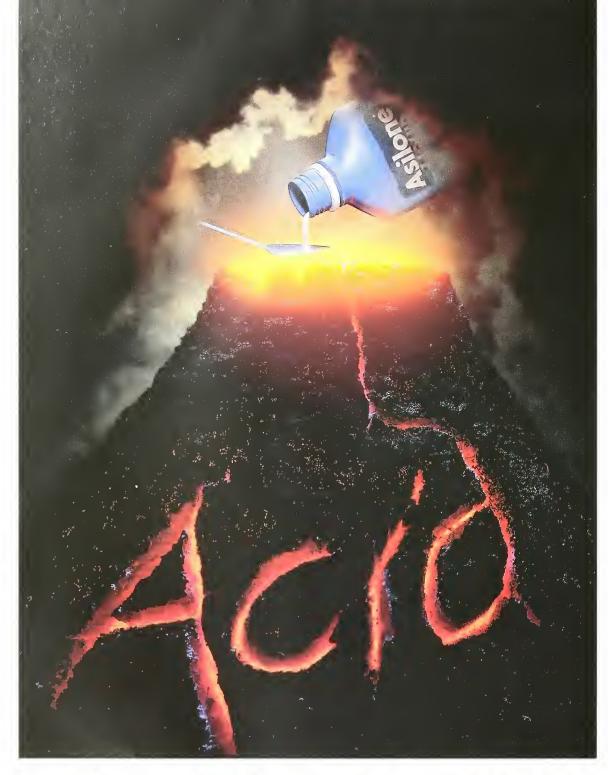
Cetraben man reveals his secret formula

EMEA comes a step closer

Win the small claims game

Antivirals battle gathers pace

Change in law means contracts for part-timers



Most common indigestion symptoms are caused by excess acid in the stomach. That's why Asilone is so effective. By neutralising excess acid, the balanced formula of Asilone Liquid provides rapid and lasting relief of acid indigestion and heartburn. Asilone also contains dimethicone, an established treatment for flatulence. By contrast, many other antacids offer little relief from wind. And because Asilone is low in sodium, it can be recommended to people on low-sodium diets - unlike some rafting agents. Recent clinical data' confirm Asilone Liquid's efficacy, reinforcing the reasons why doctors prescribe Asilone. And why you can confidently recommend it for acid indigestion, heartburn and wind





GET TO THE CORE OF THE PROBLEM



Product information. Asilone Liquid. White suspens and in each North of the monthly droved BP 420mg ight magnesium oxide 8P 70mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet contains dired aluminum hydroxide 8P 500mg, activated dimethicine 270mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet contains dired aluminum hydroxide 8P 500mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 500mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 500mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 50mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 50mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 50mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 50mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 50mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 50mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone Tablets. Each tablet scale aluminum hydroxide 8P 50mg, activated dimethicine 135mg. Pack Size: 200ml. Asilone 135mg. P

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- EDITORIAL

Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS Contributing Editor: Adrienne de Mont. MRPharmS

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Art Editor: Tony Lamb

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Doug Mytton Production: Shirley Wilson Advertisement Director: Frances Shortland

> PUBLISHER Ron Salmon, FRPharmS

PUBLISHING DIRECTOR Felim O'Brien

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.omment

A glance at the correspondence columns this week (pp764-766) reveals yet more pharmacists expressing their unhappiness with the performance of the profession's three main representative bodies. Some of those voicing their concerns are well-placed to be critical because they are, or have been, part of "the system" and so understand its foibles and limitations. Accepting that emotions are running high following the imposition of a highly unsatisfactory pay formula, is the current surge in criticism merely letting off steam in response, or is it evidence of more fundamental disquiet? There must be a strong suspicion that it is the latter, and that sentiment which has been present but ill-focussed for some time — a number of years even — might be beginning to crystalise in the wake of recent events.

The Royal Pharmaceutical Society does not accept it is an irrelevant and ineffectual body: rather there is a "problem of perception among some members". If there is, then who is to blame? The Society rightly believes "more can be done to communicate effectively the positive role the Society undertakes on behalf of the membership," according to the interim report of Council on motions passed at the Branch Representatives Meeting

in May (p754). It will do little to improve pharmacist's belief in their ruling body, though, to read that what amounts to a vote of "no confidence" is to be addressed by a review of the style of the reporting of monthly meetings of Council in the Journal! Likewise faith in the ability of ordinary pharmacists to influence their Society will be dented the refusal to countenance any relaxation on the restrictions on canvassing by candidates standing for election to Council. This is despite the clear call from local branches for a more "electorate-orientated format for the presentation of their views".

The same wordy document also provides a wonderful example of why Peter Curphey for one (p764) feels the Society's tortuously bureacratic ways are in need of reform. Read it in full, and five months on one is left with the impression, however unfairly, that too much is still "under consideration" or being "being reviewed".

As was pointed out last week, the profession gets the leaders and institutions it deserves. If present criticisms are to lead to a sea change in the attitudes, composition and functioning of PSNC, the NPA and the Society it will more than hand wringing by critics who melt away when the time comes to put their views on the line.

PSNC seeks three-way talks on FHSA guidance

The Pharmaceutical Services Negotiating Committee is calling for a three-way consultation between themselves, the Department of Health and the NHS Management Executive on the guidance issued to family health services authorities.

The call follows the mailing to FHSA general managers and regional health authorities of Health Service Guidelines (93) 53. dealing with payments to be made to pharmacy contractors for providing additional prof-

essional services.

The letter, sent out without any PSNC involvement, contains "inaccurate information", says Committee secretary Stephen Axon. He has written to the DoH over the matter.

In a situation he describes as akin to "Chinese whispers", Mr Axon explained that the PSNC reaches an agreement with the DoH which then briefs the NHS Management Executive which, in turn, circulates guidelines.

This is not the first time that there has been such a breakdown in communication has occurred. he says. Such problems could be avoided if PSNC was able to approve a draft of the guidelines before they were circulated.

Mr Axon is also taking steps to clarify confusion resulting from the phrasing of the Statutory Instrument which amends the National Health Service (Pharmaceutical Services) Regulations

Under the section concerned with health promotion literature, the SI uses the term "such health

Tesco pharmacy

Tesco have opened a pharmacy in the Allerton store in Liverpool. The NHS contract belongs to Ward & Humphrey's chemist, although the pharmacy is registered in Tesco's name. The FHSA are considering a change of contract ownership.

Teaching pack

A new training pack "Audit for all" has been launched by the Yorkshire Audit Facilitators Group. It teaches auditing across a range of healthcare settings, including community services.

Scottish statistics

Sottish prescribing statistics for July 1993 show that a total of 3,971,818 prescriptions were dispensed, 3,966,517 of them through pharmacies. The ingredient cost through pharmacies was £7.06 per prescription, totalling £8.54 (£7.98 net).

promotion leaflets, posters and publications as the FHSA may, in consultation with the local pharmaceutical committee.

The PSNC has been assured by the DoH that it is the display of up to eight health promotion leaflets that is a qualification for payment. Pharmacists will not be required to display posters and publications but may do so on a voluntary basis.

The PSNC had hoped that the NHS Management Executive's Guidelines would spell out that this was the case and was "extremely angry" that the

additional requirements had been included in the SI.

Appendix 2 of the Management Executive's letter is also giving cause for concern in the use of the word "provide" linked to health promotion material.

Mr Axon points out that there has never been any discussion about the provision of leaflets only that contractors should be prepared to "display" up to eight such leaflets.

The agreement was also that these health promotion leaflets would be provided by FHSAs as would any free-standing display unit, he says.

How FHSAs will operate the professional allowance

Management Executive's Health Service Guidelines HSG (93)53 sets out the introduction, from November 1, of a payment for additional professional services to pharmacy contractors "conditional to certain criteria". FHSAs, it says, will be responsible monitoring compliance.

According to the guidelines, pharmacists may apply to receive an additional professional service payment in any month in which they have passed for pricing 1,500 or more prescriptions provided they are fulfilling the following conditions:

 The pharmacy has produced a practice leaflet, details of which are outlined in an appendix to the letter:

 The pharmacy displays such health promotion leaflets that the FHSA considers appropriate in consultation with the local pharmaceutical committee up to a maximum of eight.

"FHSAs will wish to note that pharmacists may apply for the payment in expectation of meeting the volume targets," the

letter says.

If, by December 14 1993, no application has been received FHSAs have to notify the contractor that payment in respect of additional services will be withdrawn from December 31 1993. FHSAs must notify the Prescription Pricing Authority by 7 1994 which pharmacies have failed to submit an application form.

"It will be the responsibility of the FHSA to ensure that the qualifying conditions, apart from the volume criterion, are being met and FHSAs should establish a system to monitor compliance, the guidelines continue. "For 1993-94 the FHSA should assume

initially that the criteria are being met. FHSAs will wish to satisfy themselves that this is the case from time to time.

FHSAs are also asked to notify the PPA of any pharmacy dispensing more than 1,500 prescriptions a month but not entitled to the payment because it does not fulfill the other criteria.

FHSAs must give pharmacies not meeting the criteria 28 days notice that the additional payments will be withdrawn before they notify the PPA. They should notify the PPA when pharmacists signal their intention to withdraw from an provide arrangement to additional professional services.

Contractors will be advised that it is their responsibility to apply for the payment, and a draft application form is attached to the guidelines.

Independent pharmacies satisfy

Independent pharmacies are ahead of 24 other retail and service outlets in terms of customer satisfaction, according to an unpublished survey conducted by IPC magazines. Some 300,000 shopping

surveys were inserted into 18 different IPC magazines with results compiled from 5,000 respondents. Customers were asked to rate each category on a scale of one (poor) to four (excellent) on the quality of service they normally found there. Independent pharmacies topped the list with an average score of 3.1. Chain pharmacies came ninth with a score of 2.6.

Some 46 per cent of customers stated that they had visited their local pharmacy within the past week, placing pharmacies in third place behind newsagents and

greengrocers.

Mike Baker, advertising and marketing controller for IPC magazines, feels this survey indicates the importance of pharmacies to the general public. 'A very specific trust factor is being placed in local chemists, with chemist chains not coming up to their mark," he says.

He thinks this is because there is a friendly, familiar service from local pharmacies where pharmacists are prepared to spend time talking to the patient. The high scoring of pharmacies overall is thought to reflect the importance people place professional advice wl when thinking about their health.

The report was not due for publication until November but Mr Baker decided to make details available following the Observer article, which warned of the threat to pharmacies from the 93/94 remuneration package.

Pharmacists make the news

An article in last Sunday's highlighted *Observer* problems facing pharmacy under the Department of Health's imposed remuneration package, and has set into motion a wave of media interest.

The article warned of hundreds of pharmacies being "driven out of business" under the new pay settlement and pointed out that the elderly, long-term sick and mothers of young children would be among those hardest hit.

With 40 per cent of prescriptions currently being written for the elderly, the charity Age Concern has voiced fears about the effects on this sector of the population.

Geoffrey Horridge, financial executive of the Pharmaceutical Services Negotiating Committee, was quoted as saying that 10 per cent of pharmacies will lose up to 40 per cent of their income.

Chairman of the Pharmacy Support Group, Hemant Patel, predicted that 15 per cent of pharmacies will close within the next two to three years.

Since publication, Mr Patel has conducted several radio interviews in the Midlands, Essex and Cambridge. Other sectors of the Press, such as The Times, Independent and Financial Times, are also said to be interested in running stories.

However, Mr Patel is afraid that the establishment will try to ruin this campaign and he is urging all local pharmaceutical committee secretaries and local Branch PR officers to help get the

message across.

Dorset LPC briefs new MP for Christchurch

Members of Dorset Local Pharmaceutical Committee have met the newly-elected MP for Christchurch to brief her on pharmacy matters.

In the week when she took her seat in Parliament, Liberal Democrat MP Diana Maddock took time to meet LPC chairman Leo Burke and spokesman Bill Ritchie. The meeting, scheduled for an hour, lasted twice as long, and was described afterwards by Mr Ritchie as "a good session".

The briefing obviously centred on the imposition of this year's remuneration package, but the LPC representatives also took the chance to discuss present and future pharmaceutical services, training, audit, accreditation, health promotion, DUMP campaigns and other joint initiatives planned with the Dorset Health Commission.

Mrs Maddock, who has family links with pharmacy through her parents in-law, was said to be very supportive of the profession and what it was trying to achieve.

"She assured us that it was time well spent as far as she was concerned," Mr Ritchie told *C&D*. He is looking at the possibility of another meeting in a few months time when the implications for pay in 1994-95 become apparent.

Dorset LPC has taken steps to brief all MPs in the county to keep them up-to-date with community pharmacy matters.

• Meanwhile, Liberal Democrat health spokeswoman Liz Lynne has expressed the worries which led to her Parliamentary motion expressing concern at the Government's decision to impose the 1993-94 remuneration proposals (C&D last week p700).

"I am extremely concerned that this settlement has been imposed and fear that it will put the future of many small pharmacies in jeopardy," she said. "For many people their local pharmacy is not just a source of vital medicines but of basic health advice and support,

"Despite the Department of Health's settlement, the Pharmaceutical Services Negotiating Committee had not agreed to the settlement and I am therefore worried that negotiations may prove to be difficult in the future following this clear breakdown in communications."

Ms Lynne continues: "Nonetheless, I hope that negotiations will continue with a view to coming to a proper agreement regarding the long-term future of local pharmacies in this country."

Pharmacy Support Group chairman Hemant Patel has urged pharmacists to write to their MPs asking them to support Ms Lynne's motion. (See also letters p766).

Midlands pharmacy charter

All of the 60 pharmacies in Woverhampton have pledged support for a Local Pharmacists' Charter, thought to be one of the first of its kind in the country.

The charter focuses on the aims of the pharmaceutical services including opening and rota hours, confidentiality of information, time taken to dispense, the disposal of unwanted medicines and advice on health promotions.

John Vardy, chairman of the Pharmaceutical Committee says the aim of the charter is to ensure "we put quality into practice."

David Lord, general manager of Wolverhampton Family Health Services Authority, is delighted that pharmacists have "signed up" to the charter. "It is an important step forward in achieving quality standards for pharmaceutical services," he says.

The charter was launched on October 28 and, from November 1, posters and leaflets will be displayed in each pharmacy.

Fine for BNP graffiti

A man who daubed the initials of the British National Party on an Asian pharmacist's shop door has been fined £150 by magistrates in Southampton.

The letters were daubed on Pankaj Naik's pharmacy in the city's St Mary's Road.

Ivan Shearing told detectives: "I did it out of revenge for being beaten up by two blacks."

Southampton magistrates were told that Shearing was arrested at the site but that his accomplice had run off. Shearing admitted damaging the door.

A second man failed to appear to answer two charges of causing damage and one of possessing an offensive weapon.

Magistrates issued a warrant for his arrest.

Warwickshire FHSA and CPP join forces on audit

Warwickshire Family Health Services Authority has awarded funding for a project on self-audit to the College of Pharmacy Practice. The project, entitled "Promoting self audit through self-help groups" will run from January 1994 through to the Autumn.

The initiative aims to introduce community pharmacists to the concept and process of self-audit of pharmacy practice and at the same time provide support for its implementation through a selfhelp group. The FHSA is keen to ensure that some community pharmacists have hands-on experience of audit and have undertaken audit themselves.

Initially, the scheme will involve ten community pharmacists based in the county. They will attend an introductory seminar on audit followed by two half day seminars to focus on special aspects of the audit process.

Evening meetings will help the participants plan and implement their own audit protocol on a

topic of their choosing. The objects of the project are:

• Provision of sufficient knowledge and techniques to undertake self-audit

• Provision of support and encouragement to work through the audit process

• Completion by each participant of self-audit on a topic within their own pharmaceutical practice

• Evaluation of this process in terms of capability of the pharmacists to undertake self-audit

• Consideration of the extension of this scheme for other groups using the material available.

The project will be managed by Dr David Anderson, chairman of the CPP's research and development advisory committee, Richard Johnson, pharmaceutical adviser - to FHSA Warwickshire and Rosemary Mitchell, CPP administrator.

A part-time audit tutor will provide learning materials and support the group as well as monitoring and evaluating the progress and the audit achievements.

The project will start in November and the first seminar will be held in January.

Any community pharmacist in Warwickshire interested in being involved should contact Richard Johnson on 0926 495321 or Rosemary Mitchell on 0203 692400.



The social programme at this weekend's YPG conference in Cardiff includes live music from a traditional Welsh choir and an up-and-coming band from the Midlands

Council hesitates on aspirin as P medicine

The Royal Pharmaceutical Society is to collect information on the number of deaths or injuries resulting from the misuse of aspirin and/or paracetamol.

Council will then reconsider a resolution, carried at the branch representatives' meeting in May, that steps be taken to reclassify paracetamol and aspirin as Pharmacy medicines. A Council working party is currently reviewing the method of supervision for the sale of P medicines.

Council has come out in support of a resolution deploring the practice of "satellite dispensing" in which NHS prescriptions are taken in and handed out from pharmacies without an NHS contract.

The branch proposing the motion felt this was a blatant attempt to undermine NHS

Regulations.

Some months before the BRM, the Society and other pharmacy bodies were consulted by the Department of Health about a proposal to amend the Regulations to prevent this practice, and the Department is still considering the matter. An amendment has already been made to the Regulations in Scotland.

In its interim report on the BRM resolutions, Council also came to a decision on pharmacists' financial relationships with GPs. One resolution had called for the Code of Ethics to be changed "to indicate the undesirability" of pharmacists accepting paid employment at a pharmacy owned by a GP or by a company in which GPs had a significant financial interest.

Another resolution called for the Medicines Act to be amended to prevent a doctor, or his or her spouse, from becoming a member of a corporate body which controls a pharmacy on the same site or near a surgery in which the doctor could prescribe.

Council decided it was not practical to ask pharmacists to investigate the ownership of private companies before accepting employment, as the information would not be readily available.

Council also thought that an amendment to the Code of Ethics along the lines proposed could be successfully challenged as an unlawful restraint of trade.

But, in a joint letter with other pharmacy bodies, Council has written to the Secretary for Health, drawing attention to the recent amendment to the British Medical Association's Code of Ethics. It proposes that doctors' terms of service should state that a medical practitioner should not have a financial involvement in a pharmacy in the area of his or her practice.

This would not extend to a ban on acquiring shares in a public limited company quoted on the Stock Exchange or a co-operative

society.

The Society is to offer the services of its inspectorate to accompany representatives of FHSAs when they inspect doctors' dispensaries. This practice is already carried out by one FHSA. In coming to this decision, Council was acting on a resolution which aimed to secure the same stringent standards for all FHSA contracted dispensaries.

A letter has also been sent to FHSAs in England and Wales, and to Health Boards in Scotland, referring to the need for all dispensed medicines to carry the cautionary and advisory labels set

out in the BNF.

Council felt that another

resolution, calling for inspectors to be contactable immediately in an emergency, would place an intolerable burden on the inspectorate. Advice to members was available from the Society's law department during normal office hours.

Council also supported a resolution asking for a system to help pharmacists under stress. Specific proposals have been accepted as the basis for such a scheme. Costs are to be established and an approach made to the Leverhulme Trades Charities Trust to see if financial support could be obtained. Council will then consider the matter further.

Following a resolution condemning the use of a single brand name for a range of OTC medicines with different single or multiple constituents, Council is seeking a formal response from the PAGB. It will then consider whether to make representations to the Medicines Control Agency.

Council did not agree with a resolution condemning the Society as irrelevant and ineffectual but accepted that there seemed to be a problem of perception among some members.

The Membership Services Committee is considering how better information on the Society's services could be given to the membership.

MPs support nutritional therapy

MPs generally oppose threats to restrict the availability of safe vitamin, mineral and other dietary supplements, a survey has shown.

Most MPs questioned (80 per cent) believed that consumers should retain the freedom to buy dietary supplements and herbs of their choice. Some 67 per cent believed that for certain people, dietary supplements in addition to a healthy diet, could play an important role in health promotion. None of the 111 MPs taking part in the survey thought that supplements currently available OTC were dangerous and should be banned.

Over three-quarters felt that GPs should make available specialist advice on dietary supplements to NHS patients and 75 per cent believed that NHS patients should have greater access to nutritional therapists. To this end, 70 per cent of MPs agreed that nutritional therapists should receive more support from the Department of Health.

The survey was published this week by the Society for the Promotion of Nutritional Therapy, which aims to improve the understanding of nutrition and its importance in primary healthcare. The Society keeps a register of practitioners who have completed one of three approved short courses and is aiming to introduce a degree course to ensure the highest standards.

Perfume stolen in "professional" haul

Thieves got away with up to £40,000 worth of perfumes from an East London pharmacy last week before setting the store alight and fleeing.

"Christmas has started a little bit early," says DC Mosley from Forest Gate CID. "It was obviously a professional job."

Thieves broke into the Stratford pharmacy in The Mall at about 3.30am on October 22.

"How they got in remains a mystery," says DC Mosley. "The back door doesn't look as if it's been tampered with."

The thieves cut alarm and phone wires before stacking boxes of perfumes at the back door.

The safe was not forced open, or any drugs taken from elsewhere in the pharmacy.

They did, however, leave an unpleasant "calling card", by smearing excrement over the office.

Before leaving, the thieves set fire to the shop to hide their tracks. But most of the damage was caused by the automatic sprinkler system, says DC Mosley.

Six fire engines rushed to the scene and brought the blaze under control within 40 minutes.

Apart from the perfume haul, a photocopier and fax machine were also taken.

Betacardone

Evans Medical have despatched a supply of betacardone 40mg tablets to wholesalers. Pharmacists still having difficulty obtaining stock should contact Evans direct as a limited amount of emergency stock is available.

Keep warm again

The seventh annual "Keep Warm, Keep Well" campaign has been launched by Age Concern, Help the Aged and Neighbourhood Energy Action together with the Departments of Health and Social Security. The Winter Warmth Line (0800 289404) will offer help and advice.

Pharmacy week on hold until 1994

Attempts to link a national pharmacy week with this year's Children in Need Appeal have been put on hold because the BBC could not authorise pharmacies as official collection points as such short notice.

However, disappointed organiser Hassan Argomandkhah has been told that the Corporation will look at his proposals for next year's Appeal. provided they are submitted early in the year.

Mr Árgomandkhah says he has spoken to many pharmacists who indicated that they would like to do something positive to raise funds this year as well. At his own store in Liverpool, he plans to spend the week in fancy dress with his preregistration student dressed as Pudsy Bear, the Appeal's logo.

"Let's have fun this year and let's hope together with the help of the NPA and RPSGB we can organise a truly national event next year," he says.

next year," he says.

Mr Argomandkhah has some

promotional material from Smithkline Beecham and is happy is distribute this to any pharmacy embarking on its own local fundraising. He can be contacted on 051-487 7618.

Kent offer pre-payment certificates in-store

Pre-payment certificates can now obtained direct from pharmacies in Kent without having to apply to the Family Health Services Authority.

Previously, contractors could hand out application forms for the so-called "season tickets" but customers had to apply direct to

the Authority.

The pharmacy returns all application forms to the FHSA. The certificates can be issued back-dated up to one week or forward dated one month.

Speaking to the Dartford Times newspaper, Kent LPC secretary Michael Moore said the new scheme would be convenient for patients.

Enabling the certificates to be purchased locally is a forward step in the provision of services and information to patients," he said.

Kent began the scheme on the first of this month following a pilot scheme in Birmingham and similar schemes in East and West

Sell-out to stay in business

A West Country pharmacist is to sell out to Boots in order to stay in business.

Stuart Hallet, who runs a shop in Okehampton, Devon, says a newly-opened Boots store in the town will make his shop uneconomic. There is already a Lloyd's Chemist nearby.

Devon Family Health Services Authority has told Boots that it cannot dispense NHS prescriptions from its new Authority premises as the considers there are enough pharmacies in the area already.

So, providing agreement can be reached with the Royal Pharmaceutical Society and the FHSA, Mr Hallet will shortly close his shop and dispense from within the new Boots.

"What Boots have done is made me an offer which is reasonable but not generous," he said. "They've accelerated my retirement. If I could have sold the business without Boots coming in it would have been worth a lot more. It's sad but that's business.'

Mr Hallet purchased his business from Boots when they pulled out in the late 1970s. A Boots spokesman confirmed that the company would eventually apply to take over the NHS contract from Mr Hallet.



Come shop with me, Virginia

The last time I went shopping in Marks & Spencer I did so unannounced, with no extra security and without one member of the public offering me their unsolicited advice. My erstwhile NHS boss, Virginia Bottomley, finds however, that the constant exposure to public scrutiny prevents her from concentrating on the shopping.

In recognition of her problem the whole of the Marble Arch store was opened for her private viewing an hour before any of her fans were allowed through the doors. The event was reported last week.

It was not reported whether the attentions of her audience were as benign as those on BBC's "Question Time", but 1 suspect that her cheer leader was a lonely figure and nothing spoils your concentration more than a barrage of critical questions. Virginia's solution to this problem was to exclude her questioners rather than face the reality of their fears. They had as much joy in persuading her of their concerns as pharmacy contractors have had of persuading her of our genuine predicament.

I have often suggested that those in power should practice what they preach and experience pharmacy from the sharp end, but, like the ostrich with its head in the sand, if you cannot see the problem it obviously does not exist.

I have no intention of allowing Virginia to visit my shop when my customers have been excluded but the invitation still stands. Come and visit me when I am open and see how underworked and overpaid I really am in my cosy little back street pharmacy, cushioned by a munificent NHS from the rigours of the open market!

Those rota breakers will pay the price

One of the problems produced by traditional rota breakers is that their hours are extra-contractural, cannot be enforced but can be changed at a moment's notice without the patient having any redress. The rota pharmacy, on the other hand, is paid for the extra time and if the hours are not adhered to, any complaint can lead to a service committee hearing.

All this could now change with the laying before Parliament on October 11 of amendments to the NHS (Pharmaceutical Services) Regulations 1992 requiring community pharmacies to produce practice leaflets which will have to include the hours of opening during which NHS pharmaceutical services are provided. If the hours stated are the extended ones, then many rota breakers will, at a stroke, become statutorily tied to these extended hours.

Since FHSAs will now require pharmacies, as a condition of paying the practice allowance, to keep their stated hours, many rotas will be deemed unnecessary and an unpaid, extended contractural service will immediately have been achieved.

It is tempting to smile at the predicament now faced by these rota breakers but the irony is that our own money may now be used to enforce longer hours of opening while

the monies previously paid to provide this service will go back to the Treasury, never to be seen again.

No more ostomy lines for me!

As well as occasional scripts I have 12 regular stoma patients and some of these I also deliver to, appreciating their difficulty in collecting such bulky products. Over the years I have offered such a service in the mistaken belief that eventually it would be recognised and I would be paid a reasonable fee, but with the recent remuneration imposition this service will now be even less rewarding than it was before.

The National Pharmaceutical Association chose World Ostomy Day to lead off the October Pink supplement and exhorted community pharmacists to continue to offer and encourage the provision of a stoma service to their patients.

The NPA also expressed dismay at the lack of progress in achieving parity with appliance contractors, but pleaded with pharmacists to redouble their efforts to attract ostomy patients by the superior professional and personal service we can offer by comparison with our mail order competitors.

I agree wholeheartedly with these sentiments and have been practising them for years but now, regretfully, I consider that enough is enough. The Government has obviously no intention of treating pharmacists fairly and the economics of providing an ostomy service with no on-cost merely provides my accountant with another excuse for hysterical laughter. I will continue to serve my regular patients but in future I will not dissuade new patients from accepting these mail order blandishments.

The Department of Health is fully aware of the hypocrisy of the present system. If all community pharmacies now adopted a similar policy the rapidly increasing costs of paying appliance contractors up to 25 per cent on-cost might produce more rapid of our present policy of

l opica persuasion than the stagnation reasoned argument.

Medicalmatters

Tea, onions and apples may reduce CHD mortality

Flavanoids, antioxidants naturally present in vegetables, fruit, tea and wine, may reduce the risk of death from coronary heart disease. concludes a report in The Lancet.

The flavanoid intake of 805 Dutch men was assessed and the subjects were followed up for five years. The major sources of flavanoids for the men were black tea (61 per cent), onions (13 per cent), and apples (10 per cent).

A high intake of flavanoids was

associated with a significantly lower risk of death from heart disease and fewer myocardial infarctions. The decrease in CHD mortality was not accompanied hy increased morbidity from other causes. Consumption of apples and onions was less strongly linked with CHD mortality than flavanoid consumption.

The authors say it is possible that a high flavanoid intake is an indicator of a healthy lifestyle or a

diet high in vegetables and fruits and low in fat. However, the major source of flavanoids in this population was tea.

After adjustment for age, body mass index, smoking, serum total and HDL-cholesterol, blood pressure, physical activity, coffee consumption, energy intake, vitamins E and C, beta-carotene and dietary fibre, the risk was still significant. Flavanoids found in red wine may account for the reduced risk of CHD of wine drinkers, often described as the "french paradox".

Flavanoids are though to exert their protective action by scavenging free radicals that play a role in atherogenesis, preventing oxidation of LDL cholesterol, and inhibiting cyclo-oxygenases which may reduce thrombosis.

Calcium antagonist confusion

The proliferation of new calcium antagonists and modified-release products with varying indications is confusing, according to the Drug and Therapeutics Bulletin. Although peak and trough effects may be important in treating hypertension, specialists consulted by the *DTB* were unconvinced that all modified release formulations give significant advantages.

Verapamil, nifedipine and diltiazem were the first calcium channel blockers introduced and clinical experience is greatest with these drugs. The authors say there is little systematic evidence that newer drugs are safer or hetter tolerated.

Standard verapamil, a modified release formulation of diltiazem and a once-daily preparation of nifedipine or amlodipine should meet the needs of most patients, concludes the report.

Malaria regimens compared

The chloroquine-proguanil combination can still be recommended for malaria prophylaxis in east, central, and southern Africa, reports a study in the British Medical Journal.

Over the last 15 years chloroquine-resistant strains of Plasmodium falciparum have spread through tropical Africa. It has become increasingly difficult to give advice on an effective prophylactic regime which offers effective protection and a low incidence of adverse effects. In the UK mefloquine is preferred for travellers to east and central Africa and chloroquine-proguanil is seen as second best.

The Dutch trial compared three prophylactic regimens: chloroquine 300mg weekly and proguanil 100mg daily chloroquine 300mg weekly and proguanil 200mg daily

• proguanil 200mg daily.

Prophylaxis failure occurred in less than 1 per cent of the travellers, and only 21 per cent of those with a fever were suffering from falciparum malaria. No difference in prophylaxis risk was found between the regimens.

The risk per 1,000 people per month for travellers was 5.4 for the first regime, 2.8 for the second, and 6.0 for proguanil 200mg daily.

Chloroquine-proguanil combinations can therefore be recommended as effective prophylaxis for travellers to east, central and south Africa. Where chloroquine is contraindicated, prophylaxis with proguanil alone (200mg/day) is an alternative.

Compliance was found to be poor, only one in seven patients with a prophylaxis failure and chloroquine in the regimen was compliant. The authors say failure of compliance should be clearly distinguished from failure of chemoprophylaxis.

Prescription Specialities

Eprex extension

The licence for recombinant erythropoietin (Eprex) has been extended to include the treatment of children with severe anaemia associated with end-stage renal failure. Cilag say it will benefit children who are on dialysis by improving renal graft survival and reducing infection. Cilag Ltd. Tel:

Neupogen packs

Two new Neupogen (filgastrim) packs are now available. The Neupogen administration pack will be made available to patients who self-administer their treatment. It will be provided free of charge and contains sufficient items (syringes, needle, swabs) for ten days. Single vial packs, containing ready-to-use solutions, are now available for Neupogen 30 (£77.03) and Neupogen 48 (£122.85). A new information leaflet and a booklet "How to give subcutaneous injections" are also available free fromAmgen Roche. Tel: 0223

NaNO₂ tablets

Zeneca Pharma have supplied sodium nitrite tablets as a free of charge service item to support their antiseptics business for many years. The product is now obtained from a new supplier with increased costs. As a result the tablets will now come in packs 1,000 at a basic NHS price of £15 (ex VAT). Zeneca Pharma. Tel: 0625 535999.

New CP products

CP Pharmaceuticals have introduced piroxicam tablets 10mg (60 £4.94) and 20mg (30 £4.94). Their sodium valproate range has been extended to include Orlept Liquid 200mg/5ml (300ml £6.04). CP Pharmaceuticals Ltd. Tel: 0978 661261.

Tanderil ointment

Ciba Vision Opthalmics are discontinuing Tanderil eye ointment (oxyphenbutazone 10 per cent) from November. The licence is still valid and while stocks last it can be dispensed. Cibavision (UK) Ltd. Tel: 0489 785399.

Alloferin not viable

The introduction of novel muscle relaxants has seen a move away from the use of Iloferin (alcuronium chloride) to the point where its production is no longer viable. The product will be discontinued in the near future. Roche. Tel: 0707 366000.

Timesco nebulisers

Timesco have introduced four new nebulisers to their range of products: Medi-Neb Elite (£79.95), a mains only model, Medi-Neb Companion (£94.95), usable from mains, a car cigarette lighter or its own rechargeable battery; Medi-Neb Companion Plus (£139.95); portable and re-chargeable and Medi-Neb Tempest (£89.95) a high output, mains only hospital model.

Timesco. Tel: 071-278 0712.

Focus on formestane

Formestane (Lentaron), used for treating advanced breast cancer in postmenopausal women, has been evaluated in the latest Drug and Therapeutics Bulletin.

Formestane is the first of a new class of drugs that selectively inhibit aromatase, the enzyme that converts androgens to oestrogens. The manufacturer Ciba have promoted the product as offering new hope to those who have relapsed on tamoxifen.

Tumour size was reduced in about a third of postmenopausal women with advanced breast cancer who received formestane therapy. However, the authors

say randomised trials are needed to compare the efficacy and tolerability of formestane with those of other second-line endocrine agents.

The authors reject the implication that formestane should routinely replace oral second-line drugs such as progestagens and aminoglutethimide. Unless an oral preparation of formestane becomes available, they conclude that this drug should he used only for the treatment of patients who cannot tolerate the adverse effects of oral second line drugs, and those whose disease fails to respond to these drugs.

MANY RIVALS. NO EQUALS.

Nurofen owes its position as the No. 1 pharmacy analgesic to its proven efficacy in everyday pain indications.

HEADACHES. Nurofen 400 mg has been shown to be superior to both aspirin 650 mg and paracetamol 1000 mg.¹

PERIOD PAIN. Due to its superior anti-prostaglandin activity Nurofen has been shown to be more effective than either aspirin² or paracetamol.³

NUROFEA

HUROFEN

DENTAL PAIN. Nurofen has been shown to be superior to paracetamol and aspirin in the relief of dental pain and, unlike aspirin, it doesn't

exacerbate post-operative bleeding.

COLD AND HU SYMPTOMS. More effective than paracetamol in relieving headaches, 'superior antipyretic action compared to aspirin' BACKACHE. Anti-inflammatory, unlike paracetamol; and therefore provides better relief.

TOLERABILITY. As well tolerated as paracetamol, gentler on the stomach than aspirin.

This is why, when you're looking for an analgesic to recommend for any common pain, Nurofen should be your first choice.



When it's time to recommend, there's nothing quite like it.

NUROFEN 1983-1993 TEN UNRIVALLED YEARS



Do not exceed 6 tablets many 24 hours. Precautions and Warnings. Nuroten should be conded by parton 1989 at models and many and pregnant women should be advised to consult their doctor before taking Nurot. Nov. Jan. Indicate for all 1 minutes of the first of the fi

Counterpoints

L'Oréal's Perfection hits UK market

L'Oréal are launching their Perfection range of colour cosmetics into the UK market this Winter.

Already available in other European countries and the US, the mid-market range aims at the 25-plus age group.

There are two foundations available. Lightnesse Make-Up (five shades £5.49), for sheer, luminous cover, using a liposome-based formulation. Hydra Perfect Make-Up (five shades £5.49) gives a velvet, matte coverage and contains vitamin E. Both are fragrance-free and contain UV filters.

Satin Powder (four shades £6.59) gives a smooth, matte finish and has a light diffusing formulation.

Nuance Blush (four shades £4.49) has a fine powder texture and contains moisturising ingredients.

There are two mascaras: Ultra-Length Mascara (three shades £4.49) for longer lashes and Voluminous Mascara (three shades £4.49) for thicker lashes.

Eyeshadow comes in a compact containing two complementary shades, one semi-matte, one pearlised (six shade combinations £4.69).

Perfect Eye Contour (five shades £2.99) is a soft pencil for defining eyes. For a more dramatic outline Superliner (black only £4.29) has a sponge tip applicator for easy to apply colour.

For lips Rouge Sublime (22 shades £3.99) gives long-lasting, smooth colour, say L'Oréal. It contains vitamin E and UV filters. Perfect Lip Contour (three shades £3.69) gives a precise outline to lips.

For nails there is Laquissme nail colour (18 shades £2.99), which matches the lipstick shades. Grow Strong (£2.99) is a clear product which can be used as a base and top coat to protect nails.

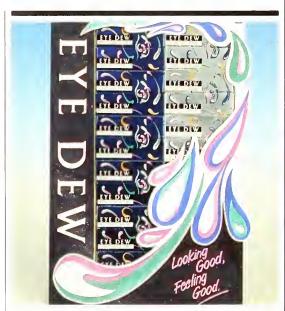
L'Oréal are supporting Perfection with an £8



million launch package. This includes a £3.5m television campaign which breaks in April, followed by Press advertising in women's magazines which will include sample sachets. The advertisements will feature actress Andie McDowell, who will be the "face" and

spokesperson for L'Oréal Perfection.

For pharmacy staff a programme of training is planned for early 1994. In-store support includes trial size products. A merchandising unit comes free with the minimum order. L'Oréal Parfumerie. Tel: 071-937 5454.



Optrex Eye Dew is being supported with promotional activity which includes advertising and a new counter unit. The Press advertising is targetted at 16-24 year olds and will appear in teenage magazines from November until the end of February. The new counter unit will hold 12 Eye Dew blue and six clear variants. An Eye Dew advent calendar will be available through pharmacies for customers. Crookes Healthcare. Tel: 0602 507431.

Focus on intensives

The Gliss Corimist range has been relaunched in new packs and six new conditioners introduced.

The new products include three intensive conditioners, Deep Moisturising Treatment (£2.99) for permed or coloured hair, Deep Nourishing Treatment (£2.99) for dry or damaged hair and Nourising Instant

Hair Revitaliser (£1.95), a weekly treatment to restore shine and vitality.

There are three Extra Care leave-in conditioners (£2.25): Extra Care Conditioner with Panthenol for tired hair, with Collagen for permed or coloured hair and with Protein for dry or damaged hair. Schwarzkopf. Tel: 0296 314000.

Sensiq reinvent lips and nails

Sensiq have reformulated their Luxury Lip Colour and Perfect Nail Colour, which are now available in trial sizes for Christmas.

Luxury Lip Colour now contains fine powder to create a firmer, longer-lasting lipstick. Trial sizes (£1.50) are available in the six best selling shades.

Perfect Nail Colour now contains silk protein to help condition the cuticle and nail bed. Trial sizes (£1.50) are available.

Sensiq are running a special deal on their Extra Care range, offering 33 per cent extra free. Sensiq. Tel: 0233 625076.

Money-off Belle Color

Laboratoires Garnier are supporting their gel Belle Color and Belle Blonde ranges with a money-off promotion exclusive to independent pharmacies.

The coupon entitles consumers to £0.75 off any purchase until the end of December.

Garnier will also be supporting the brands with a television campaign form the beginning of December. Garnier. Tel: 071-937 5454.

Cutex extend colour

Cutex help nail colour to stay put for longer with the introduction of Double Wear.

Double Wear (£4.49) is applied over nail colour, giving a long-lasting high gloss finish. It contains vitamin E, provitamin B5 and silk.

Cutex have produced trial sizes (£1.50) of the ten top selling shades of Lasting Colour nail polish. Rimmel Intl. Tel: 0233 625076.



Paramol tablets are now available in a new 36 pack (£4.89). To coincide with the launch of the new size pack, the analgesic will be advertised to consumers for the first time. Advertisements will appear in colour supplements and magazines. Napp Consumer Products. Tel: 0223 424444.

A refreshing new twist to the No.1 heartburn treatment¹

Gaviscon now comes in lemon, peppermint and aniseed flavours

Your customers wanted them so now you've got them: **Gaviscon** now comes in two new flavour choices - Peppermint flavoured liquid and Lemon flavoured tablets.

Shows that by stocking and displaying these popular new flavours alongside the original flavours of **Gaviscon**, you could dramatically increase the revenue earned from **Gaviscon's** highly attractive profit margins. **Gaviscon** will be supported by a £1,000,000,000 promotional campaign.

Available exclusively through pharmacies, these new flavour variants offer all the efficacy and long lasting relief you and your customers have come to expect from the No.1 heartburn remedy in pharmacies.

GAVISCON

Keeps acid where it works, not where it hurts

Product Information. Active Ingredients: Liquid Gayssoon Sodium (12), ite BP 50 m. and of the account Ph. Liu. Belting per Buil dose. Gayssoon 250 Labors Alguns on BP 2 60 f. and in a reborning calcium carbonate Ph. Liu. Belting per Buil dose. Gayssoon Establish Ch. Song per 1465. Indications: Liquid Gayssoon. Hearthurn, including heartburn of pregnancy, dispepsis resociated with gostin relius furities herrif and relius occupinguits. Gayssoon 250 Lablets Heartburn and acid indigestion. Contra-Indications: None known Dosage Instructions: Enquid Gayssoon Adults and children over 12–10-20ml children (142–25. Dutil) duffer meds and it beduine. Children under 6. Not recommended. Gayssoon 250 Lablets. Adults and children over 12–2 tiblets to be showed

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Medised extensions for kids

Martindale Pharmaceuticals have added two products to the Medised range.

Medised Plain
Paracetamol Suspension is a cherry-flavoured, sugar-free formulation containing paracetamol 120mg/5ml. (70ml £1.39, 150ml £2.51). It is indicated for the relief of pain and feverishness associated with teething, headache, colds, flu and post-immunisation fever in children aged from three months to six years.

Medised Plain 6+

Medised Plain 6+ Paracetamol Suspension is an orange-flavoured, sugar-free formulation containing paracetamol



250mg/5ml (100ml £2.59). It is indicated for relief of pain and feverishness, associated with headache,

toothache, colds and flu in 6-12 year olds. Martindale Pharmaceuticals. Tel: 0708 386660.

New flavours for new look Gaviscon

Reckitt & Colman have introduced two new flavours to products in the Gaviscon range — Gaviscon 250mg lemon flavoured tablets and Gaviscon peppermint liquid, available in 100ml and 200ml. Retail prices for the new flavours will be the same as the current Gaviscon prices. The current Gaviscon prices, The current Gaviscon prices its on-shelf visibility.

The new flavours have been introduced in response to consumer demand. Research, carried out among hearthurn sufferers, has shown that the peppermint liquid attracted new users to the whole Gaviscon range. The taste, appearance and smoothness of Gaviscon lemon tablets were also particularly liked by consumers.

Reckitt & Colman say they will be supporting the line extensions with a £1 million support campaign. New merchandising items, including shelf and counter units will be available to pharmacists. Reckitt & Colman. Tel: 0482 26151.



Meltus million

This season Seton Healthcare are supporting the Meltus range of cough medicines with a TV and press campaign representing a £1 million national equivalent spend. The Meltus range will be advertised on television this season for the first time ever.

The brand will also feature for the first time in a national women's interest consumer advertising campaign in a

series of ads running from November through to March 1994.

A new Meltus point-of-sale package, highlighting the Adult, Junior and Baby variants is also available to community pharmacists.

Seton Healthcare acquired the Meltus range following the acquisition of Cupal Ltd in December 1992. Seton Healthcare Group plc. Tel: 061-652 2222.

Specially for...

Specially For is a new range of food supplements said to "address specific requirements". According to the manufacturer each product contains up to 20 vitamins, minerals and herbs.

The 16 "Specially for" products are: Extra Iron (30 £2.95) containing 18mg iron; Healthy Hair (30 £4.95) containing DL Methionine; Extra Calcium (30 £3.95) containing 800mg calcium; Pregnancy (30 £3.95) containing 400mcg folic acid; Pre-Menstrual Time (30) £4.95) containing vitamin B6, passiflora, valerian and borage oil; Slimmers (30 £4.95); Menopause (30 £4.95) containing vitamin A and calcium; Libido (30 £4.95) containing ginseng and molybdenum; A Healthy Heart (30 £4.95) containing fish oil and garlic oil; For the Elderly - Memory Aid (30 £3.95); Coping with Stress (30 £4.95) containing hops, passiflora and valerian; Diabetics (30 £3.95) containing magnesium and chromium; Anti-Oxidants Health Cells (30 £4.95) containing beta-carotene and vitamins E and C; Relaxing & Help with Sleep (30 £4.95) containing hops, passiflora and valerian; Water Retention (30 £4.95) containing vitamin B6, juniper berry oil and parsley seed oil.

The products are all one-a-day or once-a-day, where a daily dose cannot be contained in a single reasonable sized capsule, and are blister packed.

Further additions are planned in the New Year. Ideal Health Ltd. Tel: 0442 231155.

Farley's relaunch rice

Farley's are completing the relaunch of their weaning range with the introduction of First Timers Baby Rice in place of Farex.

The brand will be promoted as a stepping stone from infant formula to Meal Timers babymeals. Finely textured and with mild taste the baby rice can be used for babies from three months onwards.

First Timers will be available from January 1994 in two variants: Baby Rice and Baby Rice with Apple (100g £1.35). Packaging will follow the design of the relaunched Meal Timers range (C&D October 16 p672).

Farley's currently take a 48 per cent share of the branded baby rice market and are aiming to boost this to 60 per cent following the relaunch, an additional £250,000 in incremental sales.

First Timers will be supported along with Meal Timers in an updated



televison campaign during January and February next year. Sampling is underway now and will continue until March 1994. New consumer literature and point of sale material will also be available. Crookes Healthcare. Tel: 0602 507431.

Unichem breast pads

Breast pads are the latest addition to Unichem's range. The disposable pads (£2.09 for 12) feature moisture-proof backing which grips inside the bra to prevent soreness. The pads are on offer at £12.40 for a case of 12.

Unichem are offering independents up to 30 per cent off trade prices on their own brand cough and cold range for orders of 20 or more cases. For orders

of 40 or more cases pharmacists can claim a 30 per cent discount plus a choice of gifts.

Pharmacists ordering Unichem 200 ASA film 135-24 before December 31 will receive a 30 per cent discount. This can be passed on as a buy two get one free offer, which will be advertised in the *Daily Express* in the first week in December, Unichem. Tel: 081-391 2323.

Kwai bonanza

Kwai are spending some £500,000 on advertising in the run up to Christmas. Target areas will include key poster sites and retirement Press, as well as national newspapers. LRC Products Ltd. Tel: 081-527 2377.

Muscle bound

Crookes Healthcares' Casilan 90 brand of protein supplements is to sponsor The Association of Natural Body Builders Mr and Miss Great Britain, to be held this weekend in Corby. Crookes Healthcare Ltd. Tel: 0602 507431.

Aapri support

Henkel Cosmetics are supporting their relaunched Aapri brand with a Press and television campaign. The advertising is designed to underline the heritage of Aapri, while conveying its fun image, according to Henkel

Cosmetics. Tel: 081-804

Touch 'n Dry

Philips are offering £5 cashback on their Touch 'n Dry hairdryer, and not as stated in *C&D* October 23, p714. Philips DAP. Tel: 071-436 4888.

Neutrogena

Chemist Brokers are the new distributors for the Neutrogena range of toiletries, taking over from Roche Nicholas with effect from November 1.

Neutrogena. Tel: 0494

Durex in denim

Jeans is the newest condom variant to join the Durex range. Aimed at the youth market, it is on trial in Boots and should be widely available by next Spring. It retails at £1.49 for three and £4.89 for 12 condoms. LRC Products. Tel: 081-527 2377.



The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and

They know that **Corsodyl's** active ingredient, 0.2%[†] chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands. Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

chlorhexidine gluconate

No Gingivitis. No Contest. No wonder dentists recommend it.

PRODUCT INFORMATION Consult Data Sheet before prescribing. USE Inhibition of ploque; treatment and prevention of gingival interest of oral hygiene. Mouthwosh and Mint Mouthwash ore olso indicoted for the promotion of gingival nealing following surgery and the management of aphthaus ulceration and rool conditions. PRESENTATION Spray and Mint Mauthwash: A clear colourless salution containing 0.2% w/v chlarhexidine gluconote. Mouthwash: A clear pink salution containing 0.2% w/v chlarhexidine gluconote. Mouthwash: A clear calculariess gel containing 1% w/w chlorhexidine gluconote. DotAGE AND ADMINISTRATION Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice doily. Mouthwash; Rinse mouth with 10ml undiluted for ane minute twice doily. Prior to dental surgery, rinse mouth with 10ml for ane minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice doily. CONTRAINDICATIONS Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. PRECAUTIONS for oral use analy, keep aut of eyes and eors. SIDE EFFECTS Occasional irritative skin reactions. Generolised ollergic reactions to chlorhexidine hove olsa been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restarations may occur. This usually disappears ofter discontinuotion of treatment. Staining con largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for camplete remavol. Stoined anterior tooth-caloured restarations which ore not adequately cleaned by professional prophyloxis may require replacement.

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Consumer Brand

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Johnson invest in air fragrance range

SC Johnson launch two new products and re-launch three others this month under the Glade name with a doubled brand spend of £7 million to support the products.

A shell shape is added to Plug Ins with a new fragrance, Pot Pourri Breeze, running alongside the existing fragrances. An additional feature — an adjustable shutter — has been added to the device which now provides 45 days continual fragrancing.

Glade Clip Ons are launched this autumn into the car air freshner market. The product will be sold through grocery outlets rather than motor accessory outlets to target the female car owner.

Clip Ons can be attached to the dashboard or visor in the car and will give 30 days continual fragrancing. The product is available in two fragrances, Country Mist and Country Flowers. Refill packs are also launched at the same time. Clip Ons will retail at around £1.79 with the refills selling for £0.89.

The re-launches within the range include the air fresheners which will now have the new name Essence of Nature and contain natural fragrance extracts.

Shake n' Vac is repackaged and



reformulated with four new fragrances -Woodland Grove, Cottage Garden, Peach Blossom and Citrus Grove.

Drop in Vac, the vacuum and room freshner, has also been re-packaged.

The air care market is estimated to be worth £110 million at retail. The forecast for growth remains good with an estimated 15 per cent growth in market value expected each year, according to Nielsen. SC Johnson hold 36.9 per cent of the air care market with the number two company holding a 27.5 per cent share. SC Johnson. Tel: 0276 63456.



Ultraglow produce Caring complex

Ultraglow are branching out into skincare with the addition of Caring Time Release Moisture Complex. It costs £6.95 (75ml), but will initially sell at £4.95.

Free from animal-tested ingredients, the formulation contains UVA

and UVB filters and vitamin E in a slow-release delivery system. It also contains oxybenzone, panthenol and sodium PCA. It can be applied both morning and night, say Ultraglow. Tel: 0206



Christmas box

Duracell have introduced a Christmas Photobox for retailers which includes free lithium photo batteries worth over £65.

The Christmas Photobox comprises four cases of Duracell's alkaline AA B4 packs, two cases of AAA four packs and a lithium photo display of DL123A,

one DL223A and two DL245 cells.

Retailers will also be given a free Photo Guide to give quick and easy cross referencing between different battery brands and matching up camera models with battery sizes. Duracell (UK) Ltd. Tel: 0293 517527.

Unipath women's education campaign

Unipath, manufacturers of the Clearblue One Step and Clearplan One Step ranges, are launching a women's consumer education campaign.

The move comes following a major European study into aspects of women's daily lives which highlighted a lack of knowledge among UK women on the basics of menstruation, ovulation and fertility.

The new programme, called WISe — the Women's Information Service — aims to address the knowledge gap among women, particularly regarding ovulation, fertility and conception, and will be supported by Dr Miriam Stoppard.

On its launch WISe will publish the WISe up to Womanhood report, based on the international survey's findings, together with an information booklet and a dedicated telephone advice line.

Further booklets are also planned. Unipath Ltd. Tel: 0234 347161.

Cold sore support

E.C. De Witt are supporting their cold sore remedy Cymex with a £100,000 national Press advertising campaign throughout the Winter months.

The advertisements, to appear in daily and national Sunday papers, will emphasise the product's efficacy and price. E.C. De Witt & Co Ltd. Tel: 0928 579029.

A Winter package from FSC

FSC have introduced a Winter supplements counter pack in new labelling colours.

The counter pack (£25.19) includes three of Super Cod Liver Oil 500mg; Vitamin C 500mg Sugar Free; Zinc Lozenges; Daily Vitamins; Organic Echinacea 500mg; and One a Day Garlic Gems.

FSC have also introduced an Evening Primrose Oil Christmas Gift Bag, priced at £5.99.

The pack contains FSC evening primrose oil with vitamin E 500mg (30 capsules), a 100mg evening primrose oil cream with vitamin E jar, and a luxury white face cloth. The Health and Diet Company. Tel: 0204 707420.

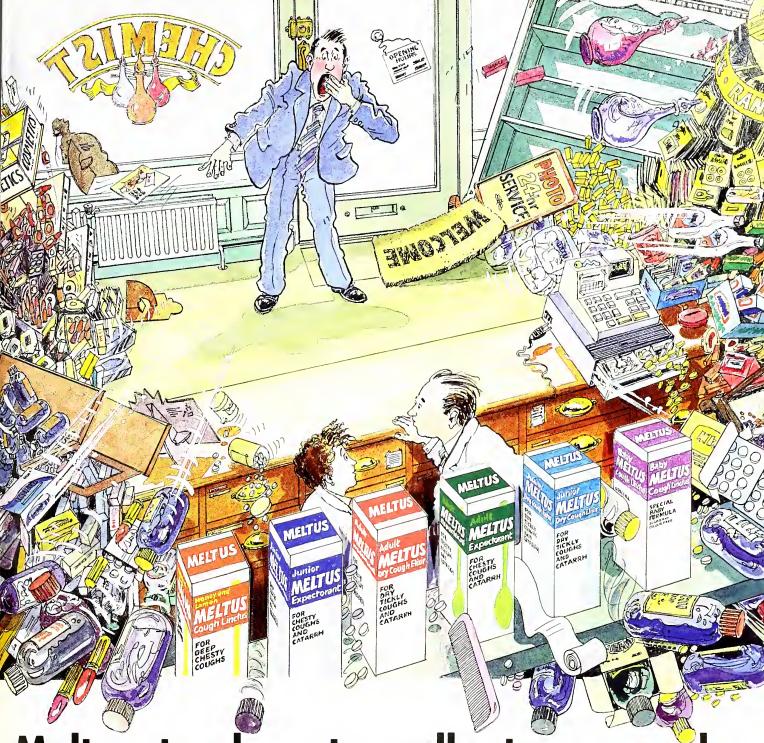
n TV Next Week

GTV Grampian B Border BSkyB British Sky Broadcasting € Central CTV Channel Islands

C4 Channel 4 U Ulster G Granada A Anglia CAR Carlton **GMTV** Breakfast LWT London Weekend Television

STV Scotland (central) Y Yorkshire HTV Wales & West M Meridian TT Tyne Tees W Westcountry

Askit:	STV, G
Benylin:	All areas
Expression:	C4
Ibuleve:	. W, B, A, Y, BskyB
Nicotinell patch:	All areas
Nivea Visage:	GMTV, BskyB
Nurofen:	All areas
Palmolive 2 in 1:	All areas
Slim-Fast:	All areas
Synergie Essential Care:	All areas
Vosene:	GTV, STV, B, G, Y, C, TT
Wella Colour Confidence:	GTV, C
Wella Soft Colour:	В
Wrigley's Extra & Orbit:	All areas
Zoflora:	C, C4, G, Y, HTV, TT



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Talk to your Seton representative about support material for this exciting campaign.





melts away the misery of coughs fast



Right to question effectiveness of institutions

Noel Baumber, yourself and others (C&D October 23) are quite right to question the effectiveness of the institutions within pharmacy.

The PSNC has been ineffective in getting anywhere near solving the massive problems currently besetting us. Their competence in administering and dealing with the contract in day-to-day terms is not in question and the officials and staff are helpful and

knowledgeable.

The problem lies in the management of change. PSNC has been fighting a rearguard action for some years now, ever since the Committee failed to read the signs that the Government was no longer prepared to do things the way it always had. Most successful enterprises started the process of adaption and change very soon after Mrs Thatcher signalled that she intended to apply free-market principles to every service including the NHS. I would remind you that this was in 1979-80, about 14 years

Since then, crumbling and reactionary bodies have come in for severe treatment and our negotiating team was simply not

up to the job.

The NPA, once a hugely important body to the independent proprietor, is now over-bureaucratic, slow to respond and remote from the real world. Recent fighting talk from the director shows great promise, but he appears to have been held back by his Board. Ashwin Tanna is right to pursue his attempts to get genuine practicing pharmacists back in control.

The NPA suffers the same problem as PSNC: a failure to understand the changes taking place (in a strategic sense) and a lack of vision to plan for the

Independent proprietor pharmacists have no inalienable right to exist, particularly if they do the job badly or are in the wrong location. Nevertheless their protection has been and still is the most important factor in ensuring a properly located, caring, efficient service to the public.

The NPA will always be ineffective on the national stage. Though it represents seven out of 12 pharmacies, its relevance to up and coming pharmacists is marginal. Most of them will be employees all their working lives, with only a few working in NPA pharmacies. (Remember that of the 21,000 working in community pharmacy, 14,000 are employees, and the Register is growing at a net 500 a year.)

My views of the RPSGB Council are also quite clear. It is over-cautious and also over-bureaucratic. Its deliberations are channelled towards coping rather than creating, reacting to events rather than helping to shape the future. Its failure to grasp the need for change is for the same reasons as the other bodies, perhaps because many of the same people are representatives on each.

You are right to call for pharmacists to use the democratic process to forge the changes needed. A reader of my letters could be forgiven for thinking that I advocate revolution. I do believe passionately in the need for dynamic change. It will come, I hope, with evolution, but it needs some passion, even from such a staid profession. It needs, too, a catalyst. The emergence of the Pharmacy Support Group is such a catalyst and the Rural Pharmacists Association is not dead, merely slumbering. The Young Pharmacists Group represents the energy required,

and is full of idealism and drive. Unlike Noel Baumber, I see the Community Pharmacy Membership Group as part of this catalytic process. It is because of the potential for unleashing change and influence that the Council is so wary of giving hirth to the new group. It might actually get things done, and make far-seeing recommendations for change. It might actually communicate with its members and seek their views. It might raise the profile of a dedicated profession above the parapet and face the fact that we are currently being treated, not with any special venom, but merely with disdain. We don't matter to government, whatever may be said at dinners or conferences.

What we don't need is to replace the structure with a ragbag of good intent. What we do need are the right people in the right place. Meanwhile, I hope that pharmacists will continue to support urgent action on the CP Membership Group. It will be useful if the first call for members and joining fees take place concurrently with the annual retention fee documentation. One more month's delay will ensure that this doesn't happen

Peter Curphey Ballaugh, Isle of Man

Independents' alliance a force for the future

Your coverage of the Lincolnshire LPC Conference (*C&D* October 23 p718-9) was as provocative as usual. On re-reading your report of my contribution, however, it strikes me that the main point has been missed in condensing to a minimum my suggestion that a "new kind of independents" country-wide alliance was needed".

Anyone who was not at the conference would not have appreciated that the form of alliance I had in mind was between independent pharmaceutical wholesalers and independent community pharmacists. As I said on the day, independent wholesalers have as much of a problem as independent retailers. They are

mutually dependent trading partners and mutually threatened by developing trends. Divided, and continuing to work in isolation, they will all eventually perish, undermined by the loss of customers to vertically integrated chains.

The time has come to review our independent status to see how pharmacists with backs up against their breakeven point can increase margins by committing themselves to business alliances with wholesalers who would, in return, gain security, strength and negotiating power from that commitment.

The larger the arrangement between independents in the wholesale sector, the better their negotiating stance would be and the lower would the costs of promotional services become. United with the independent retailers in a new way, they could become a highly productive service industry making the most of the alliance to preserve the advantages of freedom for the profession and the patient.

United, they could maintain and increase market share and guarantee survival. But first they need to come together with survival in mind, to invent acceptable types of alliance which could develop and become organised throughout the country. If we leave it much longer, there will be no independent wholesalers left with which to share the mutual benefits of vertical integration.

In your editorial comment (ibid, p699) you also implied that I let the Royal Pharmaceutical Society off

Continued on p766



Margaret Redfern, an assistant at Middleton's Pharmacy in Barrow-on-Soar, Loughborough, is the latest person to receive the Marion Merrell Dow award on completion of the NPA's assistants training manual. Pictured (left to right) are pharmacy owner Mrs L. Middleton, Trevor Gore from Marion Merrell Dow, Margaret Redfern and the NPA's head of training Ailsa Benson



Karvol relieves children's nasal congestion and allows them to breathe easily throughout the night. And there's no need to wake them up, because with Karvol there's nothing to swallow or rub onto a child's chest.

Parents simply dab the pre-measured capsule dose on a handkerchief tied to the cot, and the natural vapours of pine, menthol and

cinnamon effectively relieve blocked noses and stuffy colds. That means a good night's sleep for children and their parents – and explains why Karvol is the most recommended nasal decongestant.

So, considering Karvol's gentle efficacy and ease of use, it's a natural recommendation for children. And their parents.

Natural vapours to clear blocked up noses DECONGESTANT CAPSULES Pine. Cinnamon and Menthol

Easier breathing for an undisturbed night's sleep



Continued from p764

"Scot-free" from criticism over its form of democracy. It was a contractor conference at which I was commenting upon the two bodies that participate in contract matters directly, ie, PSNC and NPA. There are many aspects of the Society's structure that need radical revision, but in some respects the Society has a more open form of representational dialogue than the other two bodies.

My general comment is that democracy itself is changing form. Our national committees were set up years ago under very different conditions. One of their duties should be to review constitutional procedures objectively from time to time.

Noel Baumber

Think ahead on how to handle publicity on pay debacle

Xrayser (C&D October 23) is 75 per cent correct in his anger at the Tory party but 100 per cent right in his potential publicity campaign. His sentiments are held by many of us.

At the recent LPC Conference, I asked for full publicity for the reasons of our rejection of the "pay award". It was promised but carried out in

the wrong manner.

I believe hand-outs were sent to the newspapers -- where their editors could accept or reject, and apparently they rejected. Consequently no one knows of the highway robbery we have sustained. Unlike miner, fireman, shipworker and doctor, no one has heard about our fate: we are non-existent.

What should have been done was to send "letters" out signed by our top brass, telling our story in full. Not many editors would have refused publication, especially during the Tory party

conference.

Our leaders have also forgotten we have our own publicity media which should be available to shout out our story — our shop windows. It is the ideal way to reach the public, but more so our MPs, especially in marginal seats such as Tom Sackville's in Bolton.

The next round of negotiations is a year nearer a general election and should be targeted for our own publicity campaign. Think on it — use it before it is too late!

As to the 75 per cent agreement with Xrayser: before fully committing yourself think what the other parties offer us 'zilch'', only a potential reduction of the prescription

charge!

Because over the years in our so-called negotiations we have been proved to be a weak organisation, they will use the Tory sledgehammer methods knowing they will win.

What we should demand yes, demand for once — is a true and full statement of their attitude towards us and how they will deal with us. What is their full intention for pharmacy in the future — remember the Socialist nationalisation policies?

S Cohen Manchester

Support needed for early day motion

Through the courtesy of your columns, I would strongly urge and recommend to my pharmacist colleagues in community pharmacy to write to their MPs to ask them to support Liz Lynne's early day motion which is now before the House of Commons.

The more signatories there are, the more the Department of Health and the Treasury will sit up and take notice. Only by continued and prolonged parliamentary lobbying have we any chance of changing this Government's view of community pharmacy being a soft option for their divide and rule policies.

Nigel Bird

Liberal Democrats community pharmacy consultant

Check pack sizes before ordering expensive drugs

I read with interest an article under the heading "Topical Reflections" in the October 9 edition of Chemist & Druggist.

The contributor was asking "When is a saving not a saving?" quoting an example of cost shifting of specialist, and often expensive, products from hospital into the community. The example cited was Bonefos.

In an attempt to cater for varying needs and usage levels, Bonefos capsules are made available in 3 pack sizes.

We now supply a 30 pack (£50.66) on which we have recently lifted the restriction of hospital distribution only and made available to retail pharmacies for just such an instance.

Penny Early

Product manager, Boehringer Ingleheim

Surviving against the Drug Tariff

How does one survive in the present economic climate? I have been presented with an FP10 calling for 200 propylthiouracil 50mg tablets. AAH Pharmaceuticals have charged me £94.60 (2 x 100). The October 1993 Drug Tariff price is £40.00 x 100.

Since I do not want my patient to suffer I shall dispense the prescription and make a loss of at least £14. If I were to make such losses on a lot of items in the Drug Tariff then I might as well pack up my business and join the dole queue, because sooner or later that is what is going to happen to most of us who are dedicated to provide an excellent service to the sick.

It is about time the PSNC looked at such problems in depth and did something about the ever increasing losses that we incur. What gets up my nose is that every now and then a statement is made by the PSNC about the apparent over-payments and how the Department of Health wants to recover it from us. How about paying us or making good the losses we make?

D H Patel Luton

Wake up NPA, PSNC, RPSGB, or with us, face extinction

So the final whistle has blown and a line firmly drawn under the 1992-93 negotiating round between the Pharmaceutical Services Negotiating Committee and the Department of Health.

The final score: DoH — Won:

PSNC — Lost.

What a humiliating and comprehensive defeat: a pay decrease, an imposed threshold, the abolition of on-cost, and the threat of localised payments for 1995 — all without a murmur of dissent. Following the imposition we now find ourselves trying to work within this stark reality. If we look around and consider how the profession has reacted to this news it gives food for thought: The RPSGB President,

Nicholas Wood, expressed his 'concern". However, he was "pleased that the settlement was on an interim arrangement and that the Secretary of State recognises the need for discussion about the important changes in the near future". At the NPA the silence has been deafening, save for the five

solid votes of each of their representatives on the PSNC in favour of acceptance of the DoH's "offer".

• As for the PSNC, it voted by a clear majority in favour of accepting the offer. Subsequently, chairman David Sharpe tried and failed to sell this iniquitous package to us at the special LPC Conference earlier this month. Thankfully, however, the LPCs recognised the inherent dangers and voted by an overwhelming majority to reject the offer.

The PSNC published a Press release following the imposition by the DoH saying: "We look forward to continuing discussions and negotiations with the DoH to ensure that patients throughout the country receive the highest standard of NHS pharmaceutical care.

Have we got news for you they are already getting it at bargain basement prices for the DoH and at the expense of community pharmacy.

There is no news of the PR campaign approved by overwhelming vote. Might we remind PSNC that the money it is paid is money we work for and which it is supposed to spend on our behalf.

But is there not a common thread running through these three organisations? Are they really in touch with the stark reality of community pharmacy, or do they represent narrow views in an abstract world of endless committee meetings far removed from the dispensing bench? We suggest definitely the latter.

One can draw an analogy using the long extinct dinosaur: the RPSGB, the NPA and the PSNC are also threatened with extinction together with a vast swathe of the profession they claim to represent, unless they wake up now to reality and start to fight on our behalf.

The time is approaching for elections to the PSNC. LPCs should begin to consider who are the best people to lead us in the fight against an intransigent DoH. Do we want more of the

same or a dramatic change? As for the NPA, do we really need a vast organisation producing a monthly bulletin together with various ancillary services costing each contractor over £300 per year? Is it in our interests to have five out of 24 votes on the PSNC held by the NPA, which claims to represent us, when it clearly acquiesces with the DoH at our expense? We think not.

Finally, when will the Society recognise that unless it, too, can help to unite and save our profession by using all of its vast resources, there will soon be very little left to represent.

Brian Simpkins Chairman, Herts LPC Michael R Richard Vice-chairman, Herts LPC



You may have heard of a recent 'breakthrough.' • It is claimed that an Acyclovir-based cream can prevent about 40% of cold sores forming, if treated at the tingle stage. • But around 60% of people still develop a cold sore anyway. • Despite treating the tingle. • Which is why they need Lypsyl® Cold Sore Gel. • It's a heavy weight treatment, because it packs 3 punches. • An Antiseptic to fight infection, an Astringent to dry up the sore and an Anaesthetic to relieve the pain. • And it's this unique 3-pronged attack that helps rapid healing of cold sores, while giving symptomatic relief from



discomfort and pain. • A technical knock-out, you might say. • So you might stock a treatment that takes on the tingle. • But for a cold sore that goes the distance, your customers need Lypsyl Cold Sore Gel.





Now that this year's remuneration package has been imposed, worries have re-appeared over how family health services authorities might control 20 per cent of the global sum in the years to come.

So far, there has been no indication on how the money will be distributed — to specific contractors or to those who provide designated services. Nor has there been any guarantee of uniformity of services or any assurance that payment will be consistent between authorities.

The Pharmaceutical Services Negotiating Committee secretary Steve Axon expressed concern at the NACEP conference (*C&D* October 16, p678) that not all the money will eventually reach pharmacy contractors. Some may be diverted to cover administration costs he warns

There has been concern that unless this money is specifically ring-fenced for pharmacists there is the danger that dispensing doctors could benefit, for example.

Noel Baumber, secretary of Linconshire Local Pharmaceutical Committee, also has concerns, describing the proposed system as a new way of front loading and "a wheeler-dealer system open to corruption".

More for less

The overriding concern is that pharmacists will be asked to do more for less. Speaking at the Lincolnshire Conference (C&D October 23, p720) Mr Baumber expressed his concern that the 20 per cent going to FHSAs will come out of funds which currently remunerate core dispensing activity, not additional role services. He believes that only one-fifth of the money will be supporting these new activities.

This is echoed by John Vardy, pharmacy member of Wolverhampton FHSA. "I don't think we should be paid out of money that is already ours to dispense," he says.

Sheffield LPC secretary Martin Bennett is also worried about the implications for pharmacy. "The 20 per cent represents more than the profit margin on NHS work. If we are expected

Building bridges with FHSAs

The news that FHSAs could be responsible for disbursing 20 per cent of the global sum in 1994-95 has met with a mixed reception. The one certainty is that relations between LPCs and their FHSA must be strengthened to ensure the maximum benefit for all concerned. C&D assesses the situation

to do more for that money then it will increase our loss making potential." He feels pharmacists are already nearing the point where they are doing more than finances justify.

Helping hands

Mr Bennett is a member of a working group with an equal split of FHSA and LPC members which he believes is "a good forum for getting things noing"

He has experienced no difficulty with his authority, but feels this is because the LPC has worked with in tandem with the FHSA since it was set up three years ago.

Although Sheffield FHSA does not have a pharmacy advisor it does have a pharmaceutical development officer, Sarah Cherrill, who picks up on ideas initiated by the working group and develops them further.

"That is what we need,

"That is what we need, someone with the time to develop the many ideas that pharmacists come up with," comments Mr Bennett. One of the more recent results of this initiative was the publication of a directory of pharmacy services in the area (C&D Sept 25, p530). Ms Cherrill herself feels that

Ms Cherrill herself feels that the attitude of the LPC goes a long way to making a harmonious team. "Sheffield LPC is very forward looking and we are keen to have good collaboration with them," she says.

Having the LPC involved in decisions and policy reviews has

fostered an atmosphere of greater trust between the two bodies. Ms Cherrill feels sure that the FHSA's budgetary control will have no effect on this relationship.

Assess value

Leo Burke, chairman of Dorset LPC, points out that good relationships do have to be worked at. "They don't come overnight," he says.

He feels that a great deal depends on the chief executive of the FHSA. If he/she perceives the value that community pharmacy offers then they will be more inclined to work in partnership.

The Dorset Health Commission (formed when the FHSA joined with the district health authority) runs four health promotions each year, funds training for pharmacists, dispensers and counter assistants as well as organising regular DUMP campaigns.

Mr Burke says he cannot praise the Commission too highly and appreciates that the LPC is lucky to work with an organisation which is aware of the value of community pharmacies. But he emphasises that the LPC has also worked hard to make this relationship work as well as it does.

Like many pharmacists he is confident of the services that he provides. "But what we need is some means to allow the time to provide these services," he says.

He fears that pharmacists will be unable to provide the

community with the skills that they have because they will be tied to the dispensary bench. "Our talents are unrecognised by payment," he complains, although he concedes that pharmacists in Dorset are fortunate as the DHC and LPC are currently working on an accreditation scheme which will address this problem.

Wolverhampton's John Vardy feels that the secret of a good relationship is co-operation. "We have always worked closely with the FHSA and have never caused them problems." He agrees with Mr Burke that

He agrees with Mr Burke that much depends on the officers' attitudes towards the profession. Those that hold pharmacy in low regard will find it difficult to implement a scheme which will keep everyone happy, he points out.

Mr Baumber confesses that relations with Lincoln FHSA are strained. This is due to the fact that half the doctors in the area also dispense. "This issue has, overall, affected our relations,"

he admits.
"We do need to build on our relationship with the FHSA," he says and is keen to establish links with the recently appointed Lincolnshire FHSA chief executive.

Get pro-active

So what should LPCs do to strengthen ties if their current working contact has not been mutually beneficial?

The overwhelming message is one of communication. "Get out and get talking," says Leo Burke. It is not a question of convincing FHSAs what pharmacists can do but a matter of demonstrating this, he believes.

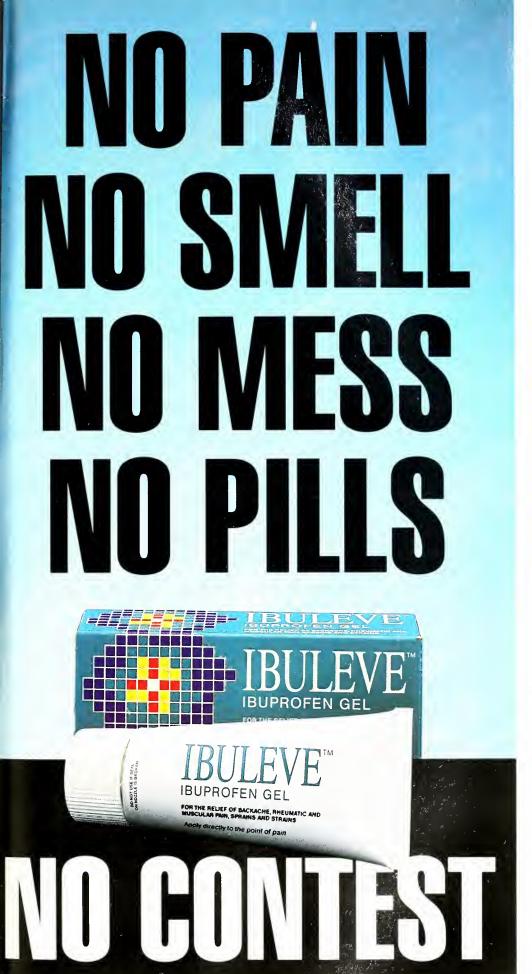
Stressing the importance of community pharmacy in local healthcare is his first pointer. "Instead of being reactive we should be pro-active," he concludes.

This is a feeling echoed by Dr Hopkin Maddock, former president of the Pharmaceutical Society and now secretary of Cornwall and the Isles of Scilly LPC. LPCs should look at ways they can initiate activities and then present these to their FHSA.

He cites the "Health of the Nation" White Paper as a good starting point. "LPCs should, if they can, produce their stategic views on this and hand them to their FHSA," he says. Other areas they can look at are access, audit and practice leaflets.

Dr Maddock feels that LPCs need to be on top of new developments but to do this will require a change in their role. In his opinion, the input that this involves will take longer than ten minutes of thought in the dispensary and LPCs should welcome expert assistance to set them on the road.

Speaking from the other side of the fence, deputy manager of West Glamorgan FHSA, Terry Thomas, points out: "It takes two to formulate any constructive dialogue. Both sides must search for the middle ground with no intransigence."



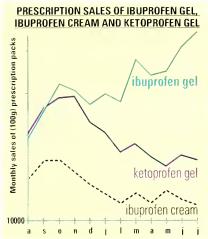
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Ibuleve (ibuprofen gel) delivers effective relief from pain in an unique formulation that sufferers find highly acceptable and convenient to use.

And it's not only the sufferers who approve—doctors do too...

The graph below shows sales of prescription (100g) packs of ibuprofen gel, ibuprofen cream, and ketoprofen gel over the last year.



The figures speak for themselves; so do the results from a double blind clinical trial which concluded:

"(Topical) ibuprofen proved significantly more effective and faster than ketoprofen in resolving spontaneous pain"

But despite this success, there are still thousands of sufferers who don't know about Ibuleve.

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Prakash Mashru can't resist working when he's meant to be on holiday. His business has become such an integral part of his life that he finds it hard to switch off. He knows that his habit of mixing work with pleasure does annoy his wife, but says she is very supportive. "Without her, my business would never have been possible," he readily admits.

Mr Mashru's business is a dry skin remedy called Cetraben, which he developed himself while running his pharmacy business. Although he still owns his pharmacy, he spends more of his time developing and nurturing his product, which is fast turning into a range.

"But I've never been a retailer at heart, it's never been my first love," he confesses. However, he is the first to admit the advantage of a pharmacy background, and says he would never have been able to develop his product without

Family influence

He drifted into pharmacy rather than chose it as a profession, influenced by family members already practising. He studied at Chelsea College and did his pre-reg year at Boots, staying on for a further year as a relief manager. Then he bought his own pharmacy.

"My first pharmacy came out of the blue," he remembers. "I was away on holiday at the time when I received a phone call to say a shop in South Ealing had come up. So I flew back home on the next plane and sorted it out. Then I just carried on "

carried on."
Shortly afterwards, Mr
Mashru discovered his niche.
The former owner of the Ealing
pharmacy used to make his own
nappy rash cream, so he took it
over from him. "It was very
popular and the local clinics
used to recommend it. But then
I expanded, bought some more
shops and formulating took a
back seat. I got bogged down
with the routine things like
price deals," he says. For a time
he owned another pharmacy in
Slough plus a perfumery and a
drugstore in London.

In 1985 he sold the Slough pharmacy and the other two shops and returned to his base in Ealing. Customers started asking when he would make his cream again. One day a mother told him she had used the cream on her baby's eczema, and had been pleased with the result. That got him thinking

result. That got him thinking.
One of his GPs, also an eczema sufferer, said to him "it's about time someone came up with a decent emollient". His first response was "but there are lots of the of When he analysed them, he realised there were few alternarives to E45. And so he set to work to develop a lanolin and perfume-free product that would ease dry skin problem.

Pharmacy strengting

He went back to his nappy rash cream, took out the zinc oxide and the anti-bacterials, and then tried hundreds of different formulation



Formula for success

Prakash Mashru took a common problem, dry skin, and developed his own solution for it. The secret behind his formula is combining the strength of pharmacy with his entrepreneurial flair. Sarah Purcell went to meet him

combinations. "Here I found the strength of pharmacy, you're at the hub. I was able to use the Society's laboratory in Edinburgh to find out about ingredients. Then I was able to try it out on GPs and colleagues. I was able to see results at first hand." The reactions were good. Patients came back for more.

Luckily for Mr Mashru, his wife is a pharmacist too and was able to take care of the shop while he developed his product. She thought up the name of the product too. They found a manufacturer for Cetraben and had packaging developed for it.

Mr Mashru approached chichem about stocking the shickers, only taking it on a trial basis in one branch. They soon rang up to order more, he remembers. By 1990 it was

listed by AAH too.

Soon the orders got out of hand — it was time to find a distributor. He was approached in turn by Schwarzkopf, Chefaro and Warner-Lambert. A deal finally came off with Carter-Wallace, who now do all the distribution. Marketing is a joint effort between the company and Mr Mashru, who wants to remain closely involved in the product.

Hospital work

His main work at the moment is in seeing consultants at hospitals and getting them to try out the product. He's had considerable success and a number now use Cetraben.

He also uses hospitals as a testing ground for new products. On trial at Amersham hospital are a new bath oil, soap substitute and dermatological wash, all for dry skin sufferers. He is currently looking at the development of a shampoo. "But I want to keep the range semi-ethical with a serious positioning, otherwise you could go on forever developing products."

He loves the variety of his

He loves the variety of his work. "In a typical day I get involved in a lot of different things. We give a lot of advice in our pharmacy too." He also produces a chesty cough mixture which he sells in his pharmacy and says he is surprised that more pharmacists don't do the same.

don't do the same.
On the subject of the pharmacy profession, Mr Mashru admits he would be "disillusioned" if he was just a retailer. "The additional roles they want us to take on are all very well, provided we are suitably remunerated for it. They are just relying on our goodwill to take on more and more duties. Things don't bode well for the future. I can't see the average independent doing well "

As well as developing new products, Mr Mashru is looking further afield. He has just appointed a distributor in the UAE, which will start ordering next year. An international school of dermatology is being established in Tanzania, where students from 12 African countries will be sent to train. He has donated some Cetraben to the school.

Looking to the future, he has no plans to the sell the pharmacy and devote all his time to his product range. "I think I'd go mad just being in an office every day," he says. He likes the combination of the two, and believes they complement each other. "I think I've really utilised the strength of pharmacy," he believes. He wants to expand his business, increasing the number of products. However, he admits the Selected List will have a great bearing on its future, depending on where emollients fall.

Keeping in shape

Life is not all work and no play, he assures me. Keeping fit is important, and he likes to go to the gym twice a week and also swims. His main method of relaxation, he says, is travelling. In the last year he has been to Singapore and Portugal. "I think there's definitely a market for my products in those countries," he says. While he was there, he couldn't resist looking up a few potential distributors.

The country he has been most impressed with to date is India, which he visited for the first time two years ago. Born in East Africa, he has a few relatives living in Bombay, and looked them up while he was there. "They were amazed to see me — I'd never met them before," he says.

His two children, a boy and a girl aged seven and five, were less impressed though. "They much prefer Florida," he laughs. "We've been twice now and that's more than enough for me!" Obviously no potential export market there!

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Date of preparation: October 1993

NAPP

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advertisement for PARAMOL Tablets.

And so will your customers.

That's because NAPP are spending £¾million between now and Christmas. And this spend is set to continue right through 1994 in the quality consumer press and on selected high-street poster sites – maybe one outside your pharmacy.

At the same time we're introducing – in addition to the 12-pack – a new 36 pack of PARAMOL Tablets, which gives up to 5 days' treatment.

Your recommendation alone has already made PARAMOL Tablets a success. But now even more people will realise that PARAMOL Tablets give powerful relief from many mild to moderate painful conditions such as headache, migraine, period pains, backache and toothache.

And of course that means even more people asking for PARAMOL Tablets in your pharmacy.



Slim Fast - committed to the pharmacy

Obesity in the UK is a very serious problem. Good dietary advice is everywhere, but it is contradicted by the growth of the fast food society where high-fat, high calorie ready snacks are cheap. available, quick to prepare, and very popular. David Farrar, managing director of Sun Nutritional Inc UK. looks at how pharmacies can help

To address the problems in the UK of an overweight population through regular monitoring, each GP would have to see an extra 70 patients every day!

Pharmacists, however, are ideally qualified to give expert dietary advice and to recommend dietary products to consumers.

What advice can you give?

There are a number of types of diet available including: calorie counting from real food; low calorie foods; medically supervised diets; and meal replacement plans (like Slim Fast)

Many people prefer to diet by replacing one or more meals during the day and taking a well-balanced meal in the

evening.
In the UK and Ireland it is estimated that 25 per cent of the dieting population use a meal replacement at any one time — representing at least one million adults every day.

In response to this consumer demand Sun Nutritional have produced a wide variety of meal replacements that help guarantee nutrition and calorie control, while offering sensible recipe plans for preparation of the "real" meal of the day.

Slim Fast success

The success of Slim Fast can be attributed largely to two fundamental issues. Firstly, a quality product range which has kept its promise to consumers. Slim Fast works successfully to assist in healthy weight loss and weight maintenance as part of a calorie controlled diet. Secondly, the portfolio of successful television commercials which have



David Farrar, managing director, Sun Nutritional Inc, UK

Body mass index

The rapid rise of overweight and obesity is a major public health issue in the UK. It is associated with a number of common conditions including diabetes, hypertension, gout, gall stones, osteo arthritis and some forms of cancer. In the obese, risk of post operative infection is greater, as are rate of accidental trauma.

Between 1979 and 1991, obesity (defined as BMI > 30) increased rapidly from 8 to 15 per cent in women and from 6 to 13 per cent in men. There was a similar growth in overweight (BMI 25 -29.9). The reduction and control of obesity is central to UK healthcare policy.



To calculate body mass index (BMI) divide weight in kilograms by height in metres squared.

supported the Slim Fast range since launch.

When Slim Fast was launched in 1990, Sun Nutritional made a firm commitment to stockists. The commitment was continuous national television advertising, bringing consumers to your pharmacies in every part of the country, every day of the week. And that is what the company has delivered. It has reinvested large amounts of money back into Slim Fast to provide additional advertising.

Pharmacy support

A major part of the Slim Fast success story has also been the unprecedented levels of support and guidance given to Slim Fast within the pharmacy market.

It is because of this strong relationship that Sun Nutritional have introduced a unique new programme called — The Slim Fast Pharmacy Support Programme.

Support Programme.
It will start this Autumn and continue through 1994 encompassing a package of initiatives which will be provided exclusively for independent pharmacies.

The programme will include exclusive promotions and point of sale display material.

The Slim Fast treats

"Slim Fast Nutrition bars, launched in January in Chocolate Chip, Fruit Crunch and Tropical Nut variants, have proved an outstanding success," says Hazel Argent, Sun Nutritional's marketing



executive.
"The nutrition bars have proved to be extremely popular, as they act as a reward

Slim Fast — importance to pharmacy

Before Slim Fast's entry into the UK market in the Spring of 1990, the market was valued at £8 million. This year the market will be worth around £60m at retail prices! An increase of over 700 per

In the full year of 1992, the independent pharmacy sector accounted for a 36 per cent share of the Slim Fast business worth over £18m at retail value.

While Slim Fast products are now widely available from other

retail outlets the importance to pharmacy remains.

The average monthly cash rate of sale for Slim Fast as measured by A.C. Nielsen (March/April 1993) stood at £74, and this stood at £74, and this compares with a leading branded analgesic at £87, and condoms at £55.

Pharmacies have the unique advantage over all other distribution sources, in that consumers can ask for and receive professional advice before embarking on a diet.

It is in this area that Sun Nutritional believe major opportunities exist for a closer working partnership with pharmacy. At the recent Unichem convention in Bali, David Farrar Sun's md, announced a new initiative which will run throughout 1994. "The Pharmacy Support Programme will encompass exclusive promotional activity, backed where appropriate with press advertising which carries the message 'only available from your pharmacist'." your pharmacist

Sun Nutritional also intend to concentrate on the development of slimming sections within pharmacy using space planning models for the entire Slim Fast range, reflecting rate of sales by

This initiative is considered essential as current weaknesses within pharmacy are constant highout of stock positions caused by lack of display facing for the most popular variants.

Strawberry Supreme is the top selling shake variant with a 29 per cent contribution to shake sales, followed by Chocolate Royale at 27 per cent, Banana De Luxe at 18 per cent, and new comer Hot Chocolate (14 per cent) and French Vanilla (12 per cent).

Sun Nutritional Inc are at pains to stress their real desire to work more closely with pharmacy, both through their own key account salesforce operation and their appointed distributor, Chefaro Proprietories Ltd.

As Mr Farrar concludes: "The successful way forward is the combination of heavyweight advertising, exciting new product development and even closer working relationships with pharmacists and pharmacies.'

French Vanilla 12% Strawberry Supreme Hot Chocolate 29% 14% Banana De Luxe 18% Chocolate Royale 27%







and are a real treat for slimmers and they still fit into the Slim Fast plan!.

"Such is their success they are now supported by television advertising. While the most popular pack in pharmacy is the single bar dispenser, the six bar economy pack is now providing incremental profit to a growing number of pharmacies.

Slim Fast Summer

Sales of Slim Fast Hot Chocolate variant have also exceeded all expectations throughout the Summer months, says Ms



Argent.

The Hot Chocolate product has continued to grow throughout the Summer months.

"We now believe this will prove to be an exceptional Winter seller, and it gives us a great deal of confidence in our new product development programme which includes other hot variants."

Ready-to-drink

The latest addition to the Slim Fast range are the Juice Ready-to-drinks which were launched in July.

They are available in three delicióus, nutritious flavours: Rich Black Cherry, Creamy Peach and Caribbean Orange, retailing at £1.29 for a 300ml combibloc pack.

This range opens up a completely new market for Slim Fast, owing to their convenience

With no mixing, the delicious filling meal replacements are packed with vitamins, minerals and fibre — ideal for men as well as women

Best served chilled, Juice Ready-to-drinks provide incremental profit opportunities by displaying in chiller cabinets, as well as normal shelf position. In fact, the new Juice Ready-to-drink range created such immediate interest and consumer off-take that the dedicated television support was delayed from the original plan of July until September in order to allow stocks to build up again.

£15m on TV

Some £15m on television has been spent on Slim Fast by Sun Nutritional since the launch of the brand in the Spring of 1990.

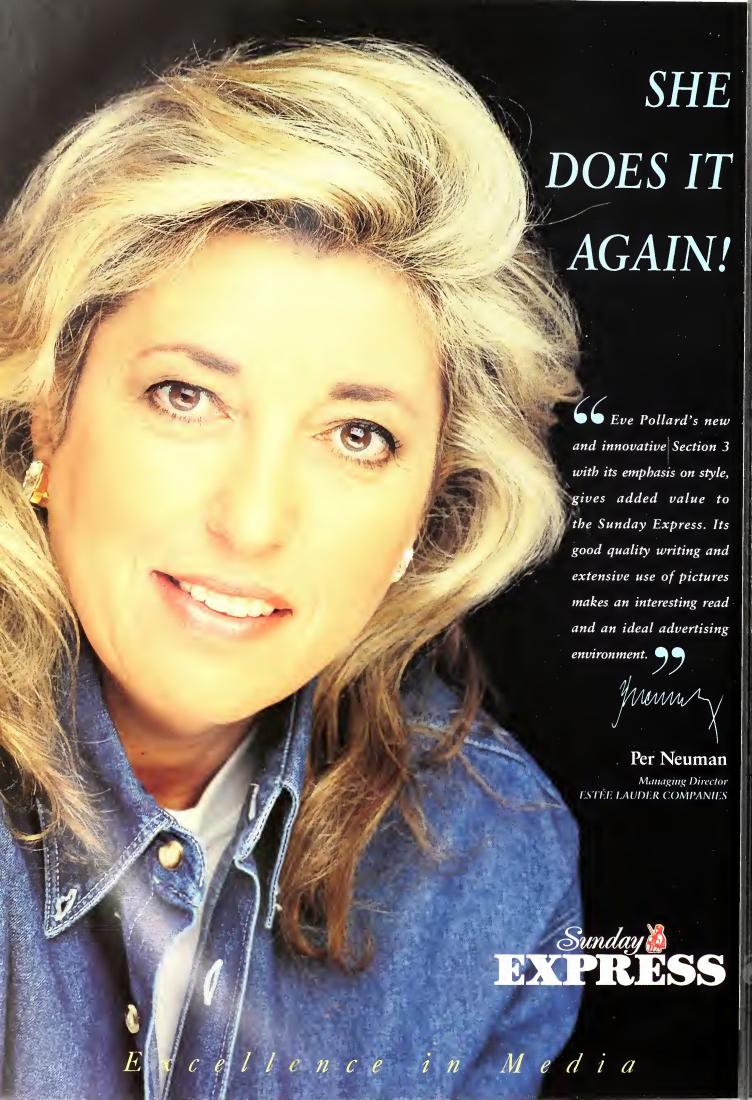
And this heavyweight television advertising will continue nationally every week of the year. This is because Sun Nutritional believe this is the strongest motivating vehicle to

provide continuous week by week consumer sales. The company's highly successful advertising approach is based on a "before and after" demonstration featuring "real people" as testimonies to the success of the brand. People like Barry Bethell, who lost over 33lbs in three months on the Slim Fast plan, and who continued to use it as part of his weight maintenance programme.

Our commitment to the retail pharmacy trade is to continue the policy of high week by week investment in television advertising with more and more new and exciting testimonies commercials.



Barry Bethell: lost 33lbs in three months



An indignant 45 year-old man puts his chips on the dispensary bench as he hands you this script. He's just been to the new well man clinic, where the nurse told him to lose weight and stop smoking. He says he's tried both before but he gets fat if he stops smoking and smokes more if he eats less! The GP had already said it wasn't him, it was his drugs (vour records show he'd been taking amitriptyline for years until last month) and changed one of them. He's had a constant thirst since he started the new one so now he's drinking more beer even though he's been told to cut down his drinking too. "I've been to a well man clinic and now all I've got is problems," he says. "I'll have four packets of mints to keep me going without me fags."



1. Is using paroxetine like this a good idea 2. Could the thirst be due to paroxetine?

3. Is there a significant interaction between SSRIs and propranolol?

4. Have you any other constructive suggestions?



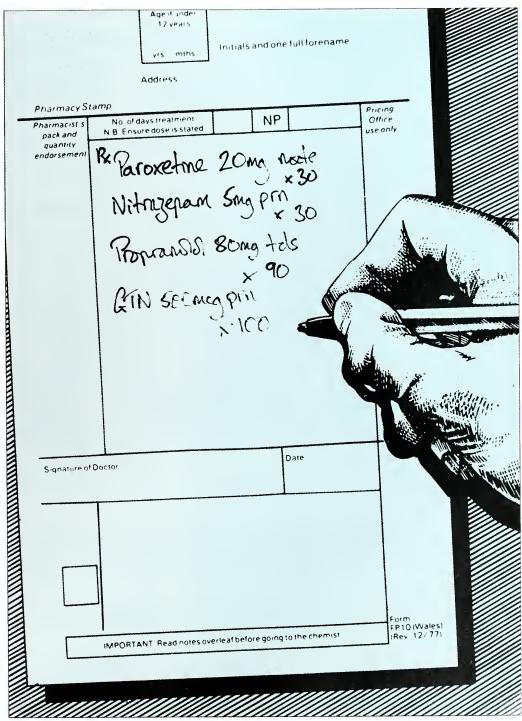
1. The change may, of course, be unrelated to the weight problem. Even so, unlike the tricyclics, the SSRIs are not associated with weight gain. If amitriptyline was contributing, this may be a helpful change. However, unlike fluoxetine paroxetine is not particularly associated with weight loss during treatment. As is the case with the tricyclics, the SSRIs should be used with care in people with cardiovascular disease. The dose should not be taken at night, because paroxetine may be associated with insomnia 2. Thirst is not among the

commoner adverse effects of the SSRIs but you should check that he isn't actually experiencing dry mouth, which is (though it's less common than with the tricyclics). Even if that is not the case, the temporal link with the change in treatment warrants further

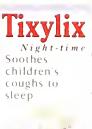
investigation and you should discuss this with the GP if you think there are reasonable grounds for suspicion 3. No — only fluvoxamine

increases plásma concentrations of propranolol.

4. There is some evidence that weight gain does not occur when stopping smoking with the nicotine patch, which will approximately double his chances of successfully quitting However, he does not appear highly motivated so he would benefit from a quitters' support group. Chewing gum is a less calorific alternative to mints and he'd probably benefit from, if not welcome, advice on lifestyle. You should discuss with the GP whether continuing nitrazepam is necessary (if paroxetine causes insomnia, this will complicate things): if it is, the shorter-acting temazepam might be preferred



From an early age yo



Night-time (Original) – The medicine most recommended by pharmacists to soothe a child's cough to sleep. Contains a cough suppressant (pholeodine) and an antihistamine (promethazine) to help relieve tickly coughs and aid restful sleep – in a pleasant blackcurrant flavour. Age 1-10.



Daytime - For children with irritati dry coughs, but who are well enough to go to school or playgroup. Contains non-sedating cough suppressant (pholcodine) to give up to 6 hours' relief – in a pleasant frui flavour. Age 1-10.

FOR 1 TO 10 YEAR OLDS

NIGHT-TIME. Presentation: Tixylix is a blackcurrant flavoured cough linctus developed specifically for children. Each bottle contains 100ml linctus, and is supplied with a measuring cup. Composition: Each 5ml linctus contains: Promethazine hydrochlorid 1.5mg, Pholocodine B.P. 1.5mg. Contains the equivalent of ethanol B.P. 3.8% w/v., secrose, preservatives E211, E221 and E223. Uses: Tixylix provides symptomatic relief of coughs and colds in children. It is particularly beneficial for night coughs. Recomme Dosage: Using the measuring cup provided, the following doses are given 2 to 3 times a day 1-2 years 2 5ml 3-5 years 5ml 6-10 years 5 to 10ml Contra-indications, Warnings on the Pack. Do not exceed the stated dose. May cause drowsiness. If affected of drive or operate machinery, Avoid alcoholic drink. It symptoms persist for more than 7 days, consult your doctor. It your doctor. It your doctor. It your doctor. The procedure machinery and alcoholic drink. It symptoms persist for more than 7 days, consult your doctor. It your doctor. The procedure machinery are not provided, the tollowing doses are given 2 to 3 times a day 1-2 years 2 5ml 3-5 years 5ml 6-10 years 5 to 10ml. Contra-indications, Warnings on the Pack. Do not exceed the stated dose. May cause drowsiness. If affected of drive or operate machinery and alcoholic drink. It symptoms persist for more than 7 days, consult your doctor. If your be protected from light and stored at a temperature below 25°C. Legal Category: Pharmacy Only Medicine Product Licence Number: PL 0255/0026. Supplier: Intercare Products Ltd., Wokingham, Berks. RG11 20Z.

DAYTIME. Presentation: 100ml bottles of a cough linctus with a clear, colourless liquid and a taste of tempol, lime and menthol. Composition: Each 5ml linctus contains. Photocodine Ph. Eur. 4mg. Other excipients include the equivalent of ethanol B.P. 0

sucrose, preservatives E216 and E218. Uses: A cough suppressant to soothe children's coughs at school and play without causing drowsiness. Recommended Dosage: Using the measuring cup provided, the following doses are given 6 hourly, as required. 1-2 2.5ml 3-5 years 5ml, 6-10 years 5 to 10ml. Contra-indications, Warnings on the Pack: Do not exceed the stated dose. If symptoms persist, consult your Doctor. It your Childus taking other medicines, consult your Doctor or Pharmacist. Keep out of the reach of chi

Pharmaceutical Precautions: Store below 25°C. Legal Category: Pharmacy Only Medicine Product Licence Number: Pt. 0101/0109 Supplier: Intercare Products Ltd., Wokingham, Berks. RG11.20Z

ur recommendation counts so much

It counts because concerned mothers rely on your advice on what's best for their children's coughs and colds.

And because you know you can count on Tixylix – it's grown to be the No.1 pharmacy recommendation.1

Tixylix paediatric medicines not only cover a wide age range - 3 months and upwards for Tixylix Inhalant, and 1-10 years for the others but also relieve a wide range of symptoms – night-time coughs, dry coughs, runny noses, stuffy noses.

Mothers will be reassured because it's always the appropriate dosage as it's specially formulated for children.

> And you know you can rely on more of the strong advertising that helped make Tixylix the No.1 brand, accounting for nearly half of all

children's cough and cold remedy sales.2

This year alone will see a f.1 million campaign on national TV and in the Mother and Baby press starting in November and we'll also be advising Health Visitors with a special campaign.



Together, your recommendations and our support have made Tixylix No.1 and together we'll help give even more effective help to even more children.

You can count on it.



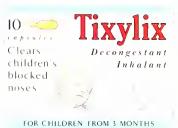
Tixylix



The number one pharmacy recommendation

Cough and Cold – For children with dry, tickly coughs, runny noses and congestion. Contains a cough suppressant (pholcodine), a decongestant (pseudoephedrine), and an antihistamine (chlorpheniramine). Age 1-10.

Decongestant Inhalant Capsules - For children with blocked up noses. Releases soothing natural aromatic vapours including camphor, menthol and eucalyptus oil.



You should advise parents to snip the end from one capsule and sprinkle the contents onto a handkerchief and place it near the bedlinen, to clear blocked noses and aid restful sleep. Age 3 months and over.

COUGH & COLD. Presentation. 100ml bottles of a cough functus with a clear, colourless liquid and a taste of lemon, lime and menthol Composition: Each Sml functus viontains. Pseudoephedrine hydrochlicide B.P. 2Lmg. Chlorpheniramine maleate 8-2mg. Pholocodine Ph. Eur. 5mg. Other excipients include the equivalent of ethanol B.P. 0.6% v/v, sucrose, sodium saccharin, preservatives E216 and E218. Uses: A cough suppressant and decongestant to relieve cold symptom, and soothe coughs. Recommended Dosage: Using the measuring cup provided, the following doses are given 6 hourly, as required. Do not exceed 3 doses in 24 hours. 1-2 years 2.5ml. 3-5 years 5ml. 6-10 years. 5 to 10ml. Contra-indications, Warnings on the Pack. Do not exceed the stated disp. 41., cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink. It symptoms persist, consult your doctor. If your child is taking other medicines, consult your Doctor or Pharmacist. Keep out of the reach of children. Pharmaceutical Precautions. Store below 25°C. Legal Category. Pharmacy Only Medicine. Product Licence Number: PL 0101/0104. Supplers: Intercare Products Licence Num

DECONGESTANT INHALANT. Presentation. Gelatin capsules filled with clear liquid, in packs of 10 capsules. Composition: Each capsule contains. Each capsule contains. Explain and clear blocked noses. Whether a child has a cold, catarth, thu or haydever, think presentation and clear blocked noses. Whether a child has a cold, catarth, thu or haydever, this is not become stant inhalant will ease their breathing and so let them sleep more easily. Recommended Durage Babies 3 to 12 months. Sinp the top off the capsule and sprinkle onto a handkerchief. Tie or place out of reach of the baby. Children aged 1+. At night, sprinkle contents onto bedinnen pillow or night wear. The contents of one capsule may also refer to the capsule and additionable them should be the child alone with the bowl. Contra-indications. Warnings on the Pack. Not to be taken internally Award direct contain with the eyes. contact with the skin. If symptoms persist, consult a Doctor-Keep out of the reach of children. Pharmaceutical Precautions: Store below 25°C in a dry place. Legal Category. General Sales List. Product Licence. Number: PL 255 11.2. Supplier

Relieves cold

FOR 1 TO 10 YEAR OLDS

<mark>s</mark>ymptoms

Soothes

coughs



Community to centralise medicine evaluation

By January 1, 1992, the date the Single Market came into existence, the harmonisation of the pharmaceutical legislation within the European Community, which started in 1965, had almost been completed.

Community pharmaceutical legislation now covers all industrially manufactured medicines. The criteria and procedures for the approval of medicines, together with several other aspects of pharmaceutical legislation, have also been extensively harmonised within the European Community.

However, the question of harmonising decisions on the licensing of individual medicinal products remained outstanding. In accordance with the provisions of the EC pharmaceutical legislation, it is up to individual states to decide whether or not to grant an authorisation to place on the market individual medicinal

products

Therefore, in spite of the extent of harmonisation already achieved, differences in the decisions taken by the national competent authorities on the authorisation of particular medicinal products still exist. These differences do not reassure the public who find it difficult to understand why certain commonly used products are withdrawn from the market in some countries while, at the same time, they are considered safe in others.

In addition to this, the high costs of the current system, together with its delays and waste of resources through the duplication of work across the member states, justified the need for a single scientific evaluation of medicinal products throughout the European Community.

Following extensive consultation with all interested parties, the Commission submitted its proposals for the future marketing authorisation system to the EC Council of Ministers in November 1990. The proposals — three directives and a regulation — were respectively adopted on June 14 and July 22.

The new system

In essence, the new system will allow the free circulation of medicinal products throughout the Community by means of a single scientific evaluation of the highest possible a endard of the quality, safety or an acy of medicinal products by the European Medicines Evaluation

Agency.
The EMEA will be responsifor co-ordinating the existing
scientific resources of member
states for the evaluation of
medicinal products. It will also
be responsible for the

co-ordination of national activities in respect of pharmacovigilance. It will be governed by a management board on which all EC countries, the Commission and the European Parliament will be represented.

The management board, on a proposal of the Commission, shall appoint the executive director of the Agency who will be responsible for its day-to-day

running

The revenues of the Agency shall consist of a contribution from the Community and fees paid by manufacturers for obtaining and maintaining a Community marketing authorisation and for other services provided by the Agency.

The structure and the amounts of the fees shall be established by the EC Council of Ministers on a proposal of the Commission, following consultation of the pharmaceutical industry organisations.

Registration

From 1995 onwards, three registration procedures will be available in the European Community:

a centralised procedurea decentralised procedure

a decentralised procedura national procedure

The national procedure will be limited in principle to applications of local interest concerning the market of a single member state.

The centralised procedure will be compulsory for innovative medicinal products and those derived from biotechnology. Applications shall be directly submitted to the European Agency for the Evaluation of Medicinal Products and will lead to a single Community wide authorisation, valid for all 12 Member States within a time limit of 210 days from the receipt of the application. The refusal of a marketing

The refusal of a marketing authorisation shall constitute a prohibition on marketing the medicinal product concerned throughout the Community.

The Committee for Proprietary Medicinal Products (CPMP) and the Committee for Veterinary Medicinal Products (CVMP) shall be responsible for giving the opinion of the Agency in respect of applications for a marketing authorisation.

The decentralised procedure will apply to the substantial majority of medicinal products. The objective of this procedure is to allow the extension of a marketing licence granted by one member state to one or more of the other Member states by means of mutual recognition of the original authorisation.

In case of objections, and

In July 1993 the EC Council of Ministers finalised a series of measures — three Directives and a Regulation — creating new procedures for authorising human and veterinary medicines and allowing for the establishment of a European Medicines Evaluation Agency. Subject to the European Council of Heads of States and Governments determining the location of the future system for the free movement for medicinal products in the EC, it will become operational on January 1, 1995. Leonor Nieto, legal advisor to the AESGP, provides an update on progress towards the single pharmaceutical market.

only if the countries concerned do not reach an agreement in respect of the application, the matter will be referred to the CPMP/CVMP for a scientific assessment. This evaluation will lead to a decision whether to grant or refuse the marketing authorisation which shall be binding upon the Member States concerned.

EC decision making process

The opinions of the CPMP/CVMP on applications for a marketing authorisation will be forwarded to the Commission for adoption of a final decision, which will then

be addressed to the member states and to the person responsible for placing the medicinal product on the market.

The member states shall either grant or withdraw the marketing authorisation as necessary to comply with the decision within 30 days of its notification.

The creation of the EMEA will not only benefit the pharmaceutical industry operating in Europe. It will also benefit patients by putting rapidly at their disposal medicines of the highest quality, safety and efficacy throughout the territory of the European Community.



Win a luxury Christmas hamper with Bisodol Heartburn



When Christmas comes can heartburn and indigestion be far behind? The turkey with all its trimmings, the plum dulf drenched in brandy, the chocolates, the booze - life's a binge at the festive season. Most will have a thoroughly enjoyable Christmas break but for some, heartburn and indigestion can cause discomfort.

However, heartburn is not only caused by over indulgence at Christmas, it makes its presence felt at other times, too.

There are, in fact, 7 million heartburn sufferers in the UK. New Bisodol Heartburn has been especially formulated to offer a double defence against this distressing ailment.

The double action formula of Bisodol Heartburn contains alginic acid, an ingredient widely recommended by doctors to prevent reflux and provide heartburn relief, as well as two powerful antacids (malgaldrate and sodium bicarbonate) to soothe and protect the stomach. The launch will be supported with a £1.5million advertising campaign starting from December.

Heartburn is a burning sensation in the chest, which, on occasions reaches up into the throat. Heartburn occurs when some of the acidic contents of the stomach pass up into the oesophagus, and sometimes into the mouth. Frequent exposure to acid damages the delicate lining of the oesophagus and makes it inflamed and painful. (It is important to check if the customer is receiving treatment for Angina).

One of the most common causes of heartburn is failure of the



valve, which in simple terms performs the function of a lid, at the bottom of the oesophagus which is supposed to prevent food and acid passing up from the stomach. Being overweight can put too much pressure on the valve, and the chemicals in cigarette smoke, alcohol, fat and even chocolate can also weaken it. Pregnant women are especially prone to heartburn and, curiously, this seems to be due to hormonal effects on the valve rather than to the extra weight.

So when customers ask your advice about heartburn recommend a product which will help them enjoy the festive season too. New Bisodol heartburn is available in 10 and 20 packs of easy-to-chew cherry flavoured tablets at £1.05 and £1.89 respectively.

The Competition

We have 40 luxury hampers full of delicious food and wine for Christmas waiting to be won in the Bisodol Heartburn competition.

How to enter-

To enter this competition all you have to do is answer the questions below and send you entry to Bisodol Heartburn Competition, Dept TMX, Whitchall Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH. Entries to be received by November 26.

Berks SL6 0PH. Entries to be received by November 26.
1. Does heartburn need to be treated differently from indigestion? Yes/No
2. Name two symptoms of heartburn:
3. How will an effective product make heartburn disappear? Tick the following which apply:
Stop acid rising Prevent flatulence Neutralise excess acid
4. Which brand offers effective double action relief from heartburn?
You'll find the answer to the questions either on this page or by looking at your Bisodol Heartburn display. The first 40 correct entries opened after the closing date will each be sent a hixnry hamper of fine food-for Christmas.
Name
Address

Rules: 1. All entries become the property of Whitehall Laboratories, 2. The first 40 correct entries selected will be deemed the winners, 3. Winners, will be notified by post no later than December 10. 4. The competition is not open to employees of Whitehall Laboratories. United Newspapers, their families or the companies agencies 5. No responsibility accepter for entries lost in the post of received after the closing date 6. The editor's decision is final and no correspondence will be entered into. There is no cash alternative. The purchase necessary but all entries must be on the official entry form and are limited to one per person.

News & Germany

AIDS scandal demolishes BGA

Following the news that in the past nine years, the Federal Health Agency (BGA) had kept quiet about 373 reports of AIDS contracted through contaminated blood, Health Minister Seehofer has suddenly announced plans to disband the agency.

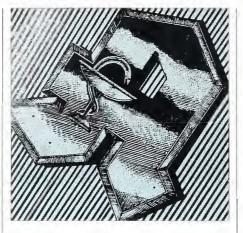
From the end of this year, the six constituent institutes will report direct to the Health Ministry.

Many commentators expected the affair to cost Mr Seehofer his job, but this seems safe, unlike those of the head of the BGA in Berlin, Professor Grossklaus and the head of Mr Seehofer's ministerial department in

charge of the BGA, who were sacked. Both denied knowledge of the cases of contamination. Mr Seehofer, who took office in May 1992, told parliament that only four cases a year had arisen in over four million blood donations.

Browsing through a newspaper during a flight in early September this year, Mr Seehofer was "astounded" to read that nine new suspected cases had arisen and, on summoning Prof Grossklaus, was told of another two. Eventually, after a week-long discussion on the safety of blood and blood products, the full story emerged.

Three members of BGA staff face



disciplinary action and a major inquiry is under way into the agency's handling of the affair.

It claims that most of the 373 cases arose before October 1985 when a rule was introduced that only blood preparations from material tested for AIDS-inducing agents could be used. Since the reports were anonymous, no-one yet knows how many recipients of the more recently contaminated blood were actually infected, became ill or even died.

Commentators traditionally critical of the drugs industry and the BGA have claimed

the affair is merely the tip of an iceberg and that corruption and collusion between the two parties is rife.

Accusations of unethical clinical trials being carried out on terminally ill patients have also been made. In breaking up the agency, Mr Seehofer has promised the move will cut through bureaucracy, improve efficiency and strengthen direct responsibility. The agency has had an unhappy 15-year history and few will mourn its passing.

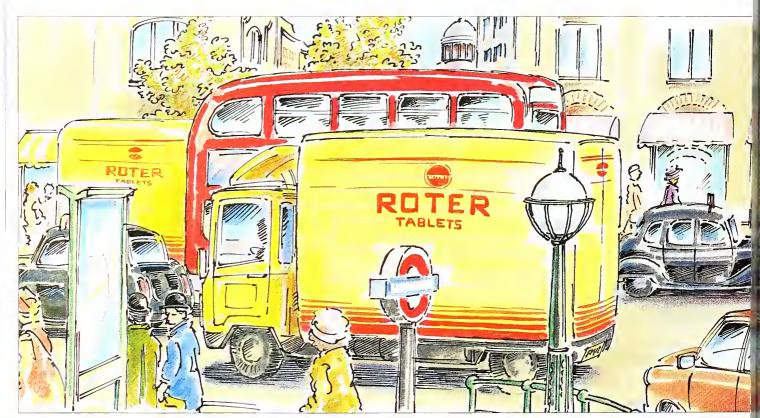
Ask your pharmacist — 18,000 times

According to a recent issue of a pharmaceutical magazine, the commonest sentence on German television in 1992 was "Ask your pharmacist or doctor about possible risks and side-effects".

By law, this warning has to be given with all adverts for over-the-counter preparations, and appeared on screens a staggering 50 times a day

staggering 50 times a day.

A market research organisation has calculated that some 18,000 advertising spots for drugs, costing a total of £80



BECAUSE OF THE DEMAND, W

Roter® tablets (20,60 and 120) are available j

1980 and 1989 compared to a 50 per cent rise in Germany. Life expectancy increased in the UK by just under two years.

The proportion of GNP spent on health rose less in Germany than other EC countries. However, Germany spent most of all 17 countries per head on dental services

rose less in Germany than other EC countries. However, Germany spent most of all 17 countries per head on dental services and ambulant treatment (drugs, other remedies and medical aids). Luxembourg, France and Italy spent more per head on drugs than Germany, while the UK came

drugs (prescription charges plus self-medication) than the Federal Republic. Self-medication as a proportion of the total expenditure on drugs was twice as costly in

Only Holland had lower co-payments for

the UK as in Germany.

million, were transmitted on TV. As it takes at least five seconds for the warning to be shown, the drug companies pay out some £20m just for this sentence — an amount greater than the largest advertising budget for a single drug.

The legal requirement to transmit the warning in front of a neutral background also affects the design of the adverts, as the actual time available to convey the message is shorter than the 20 seconds of ads for other products.

This makes advertising OTC preparations some 25 per cent more expensive than items not subject to the warning

requirement.

The ultimate slimming pill?

Despite the media hailing Roche's new enzyme inhibitor Orlistat as the future wonder drug for slimmers, the German Society for Nutrition (GSN) has urged caution over the substance, which apparently inhibits the absorption of fats in the intestine so strongly that rolls of fat just melt away.

Orlistat contains tetrahydrolipstatin which, when taken with food, inhibits intestinal lipases responsible for the conversion of ingested fats to absorbable free fatty acids and monoglycerides. The unabsorbed fats are excreted, together with increased amounts of cholesterol, in the form of bile acids and so cholesterol levels fall as well.

Clinical trials with the drug in Europe and the US were started back in 1987, but it is unlikely to reach the market before 1996 at the earliest.

One study at Amsterdam University in 52

Top of the class

overweight subjects given 50mg of the

due to faecal incontinence.

was 4kg.

overcome.

drug three times daily for 12 weeks showed

the average weight loss for each individual

But some subjects developed diarrhoea, abdominal pain, flatulence, nausea, vomiting and showed a decrease in vitamin E levels. One patient had to be withdrawn

According to the vice-president of the

GSN, many questions remain unanswered

such as whether tolerance will develop in

vitamin and mineral deficiencies will arise.

The problem of diarrhoea also has to be

long-term use as the body finds other

routes of fat absorption and whether

Germany fared better than the UK in a survey of the efficiency of healthcare systems in the EC countries, Sweden, Austria, Switzerland, the US and Canada, commissioned by the German Health Ministry.

Health expenditure per head in Germany, based on 1990 figures, is the sixth highest behind the US, Luxembourg, Sweden and Canada, while only Ireland, Spain, Greece and Portugal spend less than Britain.

Life expectancy for newborn babies rose by 2.6 years between 1980 and 1989 in the former West Germany, a rise bettered in only three other countries. But overall life expectancy in Switzerland and Sweden is still higher than in Germany.

If efficiency is calculated as the rise in life expectancy compared to the increase in health expenditure, then Germany is the third most efficient and the US the least. Britain, according to this report, lies in roughly a middle position, with expenditure rising by 70 per cent between

Pharmacy soap

A four part drama *Prescription for Life* based on events in a pharmacy is to be shown on German television next spring.

The series was shot in the Pelican Pharmacy in Hamburg (renamed the Stork Pharmacy for the series) whose owner only agreed to hand over her shop and act as consultant after ABDA and her local branch convinced her it could do wonders for the image of pharmacy!

She ensured her customers and local doctors were aware that the pharmacy closure was temporary. Their reaction was apparently very positive, and everyone expressed delight at the prospect of seeing "their pharmacy" on TV. Whether this will strike a wider chord remains to be seen.

These reports come from a correspondent with acknowledgements to the German pharmaceutical Press: Deutsche Apotheker Zeitung and Pharmaceutische Zeitung



DOUBLED THE DISTRIBUTION

How to win the small claims game

Most people use the Small Claims Procedure because of an unpaid debt, but it can be used to sue someone for poor workmanship, faulty goods or even the results

of an accident.

But before you rush into a court case, you must consider if the person or company you want to sue (the defendant) actually has the money to pay you (the plaintiff) if you win. If you think he has, then you must write to him detailing in no uncertain terms what is owed, why it is owed and that you will go to court if it remains unpaid after a specified but reasonable period

The threat of legal action may encourage payment. But if that fails, you may well have to go to court. The wonderful thing about Small Claims Procedures is that they rarely need solicitors. You decide that you want to sue, go to the court — which can be found in the Yellow Pages or Thomson Directories under Courts - and ask for the necessary forms.

Payment of a fee

The court staff will tell you what you need to do. They are not solicitors and will not be able to give any legal advice. You will have to pay a small fee which varies depending on the value of the claim you are making. For sums under £500, you will pay £10 plus 10p per £1 claimed, and for sums between £500 and £1,000, the cost is £60. This fee can be added to the costs of your claim, but must be paid before the summons can be issued.

If you decide to use a solicitor, you will have to pay for this yourself and, regardless of the outcome, you are unlikely to recover the cost from the defendant. If the person you are suing defends the claim, the court may decide it does not have the competence to deal with complex issues. If this

happens, the case could be transferred to a formal, open court at another county court if one is closer to the

defendant

Because solicitors will be needed here, you might have to pay the defendant's legal bill if you lose. In addition, if they call witnesses, you might have to pay their costs

You can sue the defendant at any county court. If you have difficulty filling in the County Court Summons (form N1 which is free), your local Citizens Advice Bureau (also in the directories) will help. There are also four leaflets produced by the Lord Chancellor's Department that the court or CAB can give you. Each spells out in plain English the stages and processes of suing

You must complete at least three copies of the summons — one for you, one for the court and one for the person you are suing. Where you are taking more than one person to court, you will need a copy for each of the people you name.

Disputes which demand the use of the full legal process will not only cost a fortune, but you may have to wait some time for the decision. But if you have a claim against someone which comes to less than £1,000, you can go through the cheaper, faster and "solicitor free" Small Claims Procedure of the County Court. Adam Bernstein

guides you through the process



When the forms have been completed and you have paid your fee to the court, you will be given a form N205A, Notice of Issue, as your receipt and the reference details of your case. A copy of the summons will be posted to the defendant with a reply form (N9A&B) and, on receipt, they will have 14 days to answer the claim.

You will be sent form N222 Notice of Service to tell you when they received the summons. If for some reason the defendant does not get the summons — either the address is wrong or they have moved — it will be sent back to the court who will let you know via a N216 Notice of Non-service form.

If you still want to continue, it will be up to you to find the correct details. Remember that the defendant has to be in possession of the summons no later than four months from the day you first registered your case. If this cannot be done, the court can give you more time, but only in exceptional circumstances.

When the defendant receives the summons, he will have four options. He can:

turn a blind eye

• agree that he owes you money and send you the form N9A
• return the form N9B saying he

admits only part of the debt or

none of it at all

pay what you are claiming. If the defendant received the summons but does not answer by the end of the 14-day period, you can ask the court to order the defendant to pay — a Judgment by Default. To do this, you have to fill in and return the form N205A (the bottom part of the Notice of Issue). This will be used by the court to complete the N30 judgment form.

If the defendant still does not pay, you can go back to the court for help. They will give you the booklet EX50C *Enforcing* Money Judgments in the County Court and ask for another fee, which can also be added to the cost of your claim when you decide which of the options you want the court to execute.

Unpaid judgments

Before you go any further you ought to check with Registry Trust*, where unpaid judgments of more than £10 are kept on record for six years, to see if the debtor has any other judgments against him. If he has several, you may find that enforcement ís a waste of time.

If the defendant wants to pay when he receives the summons or following judgment, he should complete the form N9A detailing what he proposes to pay, and then send it to you for approval. If you agree, fill in the N205A Notice of Issue form and send it back to the court. This will be used to produce yet another form — the Judgment Order, form N30(1) — which details how much, when and where the defendant should

It is worth noting that, if you accept a smaller payment, you are more likely to get your money without any need to enforce the judgment — enforcement is

If you disagree with the defendant's offer, you must tell the court on the N205A form why you object and what you are prepared to accept. Return the N205A together with the defendant's completed N9A to the court.

Do not reject any offer out of hand. If you do, the court will make up its own mind and let you know the result on an N30(2) Judgment by Determination, and this may not be as favourable as the first

offer.

This may all sound like a lot of paperwork but remember that, although the Small Claims Procedure is not perfect, it is at least comparatively fast and cheap.

*Registry Trust Ltd. 173/175 Cleveland ההקואנדע ודעגו בנט. 1/3/1/5 Cleveland Street, London. W1P 5PE. Telephone 071 380 0133.

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You can't recommend more powerful relief.

(1) National Headache Survey, Gallup 1993

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Businessnevs

Wellcome and SB do battle for anti-virals market

Wellcome and Smithkline Beecham have locked horns in an attempt to corner the lucrative anti-virals market, which is soon to be blown open by the expiry of Wellcome's Zovirax patents.

The companies simultaneously announced plans for a Zovirax successor at the Interscience Conference on Antimicrobial Agents and Chemotherapy in New Orleans, US, last week.

Both companies claim their drugs are as effective or more so than Zovirax (acyclovir), particularly for post-herpetic neuralgia.

Furthest along the regulatory trail is SB's famciclovir, for

herpes zoster and genital herpes, which is currently in phase III clinical trials in the UK and the IIS

The company applied to 20 countries for regulatory approval in June and July this year. Major markets included the US, UK and other European countries, but only for herpes zoster. Applications for genital herpes are expected to follow.

Results of trials presented at the New Orleans meeting showed that patients taking famciclovir had faster healing zoster lesions and experienced faster pain relief than those taking a placebo.

Previous trials have shown that

a lower dose and reduced dose frequency are two advantages famciclovir has over acyclovir.

Wellcome is also keen to mop up as much of the anti-virals market as patents for its own drug, Zovirax, expire.

Although 1992 Zovirax sales reached £586 million, the company expects serious market erosion. The German patent was the first to expire this summer. The UK's is to follow in September 1995, with the US patent expiring in April 1997.

To combat this, Wellcome has announced details of valaciclovir, to be marketed as Valtrex, also for herpes zoster and genital herpes. It is currently in phase II/III trials in the USA, Canada, Europe and in Australia but no regulatory submissions have yet been made.

Wellcome hope to submit in the US and other major markets by mid-1994 for herpes zoster and six to eight months later for genital herpes.

Data also presented in New Orleans showed a significant

reduction in post-herpetic neuralgia, with up to a three-fold increase in pain relief.

Wellcome also claims that Valtrex shortens the duration of post-herpetic pain by an additional 25 per cent over and

Nat West charge more for business

About one million small businesses will be faced with higher bank charges after National Westminster puts up its fees on December 6.

This comes in the wake of Lloyd's announcement of cut bank charges for 350,000 small business customers made earlier this week

Nat West plan to raise the tariff for each debit or credit from £0.66 to £0.67 for basic tariff start-up or small businesses. Small businesses are classified as those with less than £100,000 debit turnover per year.

The quarterly maintenance charge will also increase, from £7 to £7.50 per quarter.

But it is not all bad news. Business customers now have the choice of paying bank charges monthly, rather than quarterly. They will also get at least 14 days notice of the amount to be debited from the account.

Charges for large businesses will go up by an average 2.6 per cent but one month's notice will be given before there are any changes.

Lloyd's will cut charges from November 10 to be more in line with Nat West. Debits and credits will cost £0.65 per item, rather than £0.75.

From January 10, customers will not have to pay for returned cheques. Previously, Lloyds charged £4.

Pharmacy weathering the recession

Pharmacies appear to be surviving the recession, according to sales figures from the latest retail business market survey conducted by the Economist Intelligence Unit.

In the pharmacy goods sector, sales of coughs/cold preparations and antacids/anti-ulcerants rose 4 per cent and 7 per cent respectively in 1992.

In contrast, sales of analgesics dropped some 7 per cent. Analgesics sales often reflect the incidence of flu and the development of specific cold remedies. Sales are also sensitive to changes in packaging and availability through permitted outlets.

Vitamins and mineral supplements and artificial sweeteners sales also declined slightly.

The most buoyant division in the toiletries sector was men's toiletries, which showed a 22 per cent increase with further growth predicted before the market peaks.

The next best performing sector was perfumes, colognes and toilet waters, which rose 20 per cent. Sales of dental preparations increased by 14 per cent, while bath products, shampoo and toilet soap also rose slightly. Hairsprays were the only division to show a notable downturn.

Bearing the brunt of the recession is the cosmetics division. Sales of lipstick, face and eye make-up and beauty creams dropped slightly. The use of multi-purpose creams rose, which may have been at the expense of beauty and hand creams. Sun preparations was the only cosmetic sector showing real growth.

L'Oréal's sales rise

L'Oréal's sales grew to FFr30.12 billion (£3.47 billion) for the first nine months of the year, a 7 per cent rise on 1992. The company expect similar progress for the rest of the

Kenwood deal

Kenwood Appliances have acquired Precision Engineering (Reading) and its operating company Waymaster, the UK's largest manufacturer of jug water filters and domestic weighing machines, in a £4.7 million deal. Waymaster's turnover is £8.8m with a pre-tax profit of £417,000. They employ 100 people at their Reading factory.

OFT approve sale

The sale of Sara Lee's Cherry Blossom shoe polish brand to Grangers International has been approved by the Office of Fair Trading. Sara Lee had to sell the brand within 12 months of purchase following loss of competition with its other brand, Kiwi.

Merck Frosst appeal

Apotex will still be able to sell Apo-Enalapril in Canada, despite pressure from Merck Frosst. The Federal Court of Canada has dismissed Merck's application for an injunction to stop Apotex from selling this generic form of its own Vasotec.

Euro retailing

Traditional grocery stores and small self-service stores have lost a 20 per cent share of the spend on fast moving consumer goods in the past ten years, according to reports out this week on retail trends in Europe. Hypermarkets and supermarkets have increased their share of the market.

US retailers to sue drug companies

Companies representing over 5,000 retail pharmacies in the US are clubbing together to take major pharmaceutical manufacturers to court over what they say is unfair pricing.

They are charging Pfizer, Smithkline Beecham, Schering Plough, Searle, Ciba-Geigy, American Home Products and Glaxo with price descrimination.

Alex Grass, chairman and chief executive of Rite Aid Corp, the country's largest retail chain, is angry about price differences between pharmacies and other retail outlets: "We and our millions of customers must pay as much as 1,200 per cent more for the same drugs."

Part-timers now need contracts and pay slips

The law governing who should get employment contracts and itemised pay slips is to change at the end of next month.

From the end of November, some employees working at least eight hours a week will need both a contract and an itemised pay statement, bringing them in line with full-time workers.

The changes form part of the 1993 Trade Union Reform and Employment Rights Act, which covers a range of topics including maternity rights, union recognition and, from the end of November, contracts and itemised pay slips.

But the problem with many pharmacists, says Annabel Kaye of the consultants frenicon ICMD, is not when they issue an employment contract, but if. "There is a misconception that not having a written contract is a way of keeping your options open," she says, "but there is still a spoken contract in place."

She admits the proportion of

pharmacists issuing contracts is low: "I would be surprised if it was as high as half."

And of those that do issue them, many are late. "What would you rather do, make money or deal with paperwork?"

She recommends that employers give out contracts with the job offer.

Contract changes concern new employees and existing ones whose job changes, or who leave and ask for an up-to-date statement.

Employers must now issue a contract within one month of a newcomer starting work. But the employee cannot go to an industrial tribunal until at least two months after starting.

Previously, employers could wait for up to three months before issuing a contract, even longer for part-time workers.

What should be included in these new contracts has also been altered. As before, pay levels and how often an employee is paid;

work hours and holiday entitlement; sick pay; pension arrangements; notice entitlement and job title will be needed.

But from the end of November, details must include: the job title or brief job description; whether or not the job is permanent; how long it is expected to continue; or if a fixed term contract, when it is due to end; the place of work; or if the employee is to be mobile, a statement of that fact and the employer's address.

More part-time staff will also be entitled to itemised pay slips. If there are 20 or more people in the company, employees working at least eight hours per week will need them. Previously, employees had to work 16 hours or more to qualify.

But if there are less than 20 people, then the threshold remains 16 hours per week.

If the company's payroll fluctuates around 20, then Ms Kaye recommends having itemised pay slips for everyone.

Coming Events

Tuesday, November 2

Northern Scottish Branch, RPSGB, at the Craigmonie Hotel, Inverness, 8pm. "Postgraduate education for pharmacists in Scotland" by Miss Rose Marie Parr, director of SCPPE, University of Strathclyde.

Wednesday, November 3

Liverpool Branch, RPSGB, at Liverpool John Moores University, School of Pharmacy, 6.45 for 7.30pm. "Cancer chemotherapy" by Dr Walter Sneader, department of pharmacy, University of Strathclyde. Buffet provided.

Sheffield and District Branch, RPSGB, at the Jessop Hospital for Women, 7.30 for 8pm. "Dermatology — a potted guide to treatment," by Dr D. Burns, consultant dermatologist, Leicester Royal Infirmary.

Thursday, November 4

Ayrshire Branch, RPSGB, at the Piersland House Hotel, Troon at 8pm. "Substance abuse in Ayrshire" by Dr C. Lind.

Saturday, November 6

Glasgow and West of Scotland Branch, RPSGB, charity ball at the Moat House International Hotel, Glasgow.

Advance information

National Association of Women Pharmacists workshop on "communication for the health carer" at Redwood Lodge Hotel, near Bristol on November 6. Contact Mrs Pat Hoare on tel: 0494 675945.

RPSGB/British Society for the History of Pharmacy joint evening meeting, "The story of 'Scrip", at the RPSGB headquarters on November 10, at 6.30pm.

Industrial meeting on pharmaceutical marketing in the era of cost constraint — the changing reality, at the RPSGB headquarters on November 12.

Royal Society of Chemistry. Young scientists meeting at UMIST, Manchester on November 16. Contact the analytical division for details, tel: 071-437 8656.

Wallace Hemingway Memorial lecture at the University of Bradford on November 17. The title is "Pharmacy and quality — a journey with my father and grandfather" by Brian Hartley, chief pharmacist at the MCA. For details contact Miss Balderson, tel: 0274 384661.

National Osteoporosis Society conference, "Fit but fragile", osteoporosis in ballerinas and female athletes, on November 24 at the Royal College of Obstetricians and Gynaecologists at St Andrews Place, London. For details contact tel: 0761 432472.

The Cosmetic, Toiletry and Perfumery Association microbial quality management workshop, "Money, microbes and management", at the Manor Hotel, Meriden, West Midlands on November 24-25. Tel: 071-491 8891. The Institute for Optimum Nutrition, Power of Prevention conference at Regents College, Regents Park, London on November 27-28. For details, tel: 071-385 7984. Institute of Packaging conference, "Computers in pharmaceutical packaging" on November 30 at Fisons, Loughborough. Tel: 0664 500055.

Colgate buy Johnson's liquid soaps

Colgate-Palmolive should be the world's leading player in the liquid soap market when they buy SC Johnson Wax's liquid hand soaps and shower/bath products for an undisclosed sum.

Brands include Tahiti, Douss Douss, Pouss' Mousse and Soft Wash, which have worldwide sales totalling \$75 million.

Terms were not disclosed and the deal is subject to Government approval.

Colgate already own the US best selling liquid soap, Softsoap. They are also the market leaders in bar soaps but liquid formulations have higher profit margins.

The acquisition will speed Colgate's entry of liquid soaps into the developing world as well as strenghthening their position in Europe, particularly in France and Italy.

SC Johnson sold the brands to concentrate on its household and other personal care products. This move follows recent sales of Agree and Halso haircare brands, as well as Soft Sense and Curel skin lotions.

Colgate's personal care business saw sales of \$1.6 billion last year. Their products are marketed in over 170 countries.

SC Johnson Wax are a privately-held company based in Racine, America, selling into 48 countries.

More US drug companies feel the pinch

Pfizer and American Cyanamid, two of America's largest pharmaceutical companies, are to shed 5,500 jobs between them.

This is the latest in the round of job cuts suffered by US manufacturers, who blame the recession and healthcare reforms for their decisions.

Eli Lilly, for example, announced plans to shed 4,000 employees earlier in the month (*C&D*, October 16, p684).

Some 3,000 people are to go from Pfizer over "several years" as part of a restructuring programme. Although no details were available at the time *C&D* went to Press, this will include process, organisational and facilities streamlining, as well as writing off certain assets. Pfizer plan to save at least \$130 million per year as a result.

To pay for the programme, the company has set aside \$750m before tax, or \$525m after tax, in the third quarter of 1993.

Pfizer's latest move is another step in its cost-cutting measures first announced in 1988. Since then, the company has divested of 14 businesses. By the end of the programme, Pfizer will have lost 4,000 employees, or about 10 per cent of its workforce.

Cyanamid's down-sizing is on a slightly smaller scale, with about 2,500 people going over three years. Again, this will form part of a corporate restructuring programme, which will cost up to \$200m to put in place.

The company's pharmaceutical activities are expected to bear the brunt of the cuts, although details were not available at the time *C&D* went to Press.

Rhône-Poulenc link with Institut Merieux

French group Rhône-Poulenc are to merge with human and animal healthcare company Insititut Merieux.

The move comes as the French Government prepares to sell its 43 per cent stake in R-P, and is designed to help stablise R-P's shareholder base after privatisation (*C&D* October 23, n738).

Under the merger, which still

has to be approved by the companies' boards and share-holders, R-P will be able to integrate Institut Merieux into their healthcare operations, significantly strengthening their impact in the fast-growing preventive medicine sector.

Under the proposed share exchange, there will be 77 R-P shares for every five Institut Merieux shares.



WARNING

THIS TAX COULD SERIOUSLY DAMAGE THE HEALTH OF YOUR BUSINESS

Once again it is strongly rumoured the government will impose VAT on magazines and newspapers. Not just daily and Sunday newspapers, but magazines like this one. Magazines providing information designed to help you in your work, to run your business. Specialist information which can only be obtained from specialist magazines.

For publications bought by you or your company it will mean an increase in cover price. It's also possible that magazines you receive free will be subject to an imputed cover price, forced to pay a non-refundable tax on income they can't earn, money

they haven't got. Your favourite most job-useful magazine could be closed down.

If publications close, there will be a serions knock-on effect among supplier industries setting back the prospect of economic recovery and causing more unemployment.

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suffer from loss of information, but your continental competitors would not because in other EC countries where they have the nominal VAT rate of typically 2.1 to 5 per cent, publications receive substantial government subsidies.

British publishers believe people - not governments - should make their own decisions about which magazines they want to read.

Public opinion can change government policy. If the information provided by the business press is important to you, if you disagree with a tax on information, please make your views known by writing to your local MP or any government minister.

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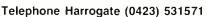
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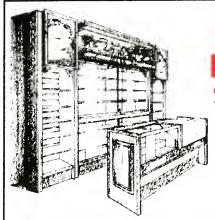


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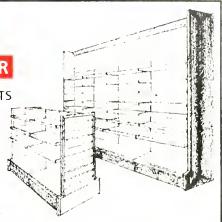
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Black Velvet 15ml Spray	3.25	1.65	
Black Velvet Dusting Bowl	3.95	1.75	
Blue Grass 15ml edt boxed	1.95	95p	
Champagne Style Pouches	2.95	1.45	
Chique Dusting Bowl	3.95	1.90	
Cachet 30ml Edt Spray	8.50	3.95	
Chique Silver 25ml col spray	7.40	3,99	
Chique Silver Talc 100gm	3.05	1.50	
Coty Wild Musk 25ml Spray	4.95	2.45	
Coty Wild Musk 50ml Spray	6.95	3.45	1
Coty Exclamation crackers	3.25	1.65	
Charlie 50ml edt spray	11.95	5.75	
English Rose 30ml col spray	5.50	2.50	
English Rose Triple soaps	4.25	2.95	1
English Rose Talc 100gm	2.95	1.45	
Flair Body Spray	2.65	1.30	
Flair 25ml Unboxed Spray	5.95	3.49	-
Freesia Triple pack soaps	5.50	2.75	
Gold 75ml aftershave tinned	5.95	2.95	
Gold Classic 125ml Aftershave	6.95	3.45	
Lace 25ml spray	6.90	3.45	
Lace 100gm Tale	3.05	1.45	
Lavender & Thyme 30ml Spray	5.50	2.50	-
Lavender 50gm talcum Lavender 50ml watch bottle	1.60	0.80	
	4.95	2.45	
Lavender Triple Pack Soaps	5.75	2.85	
Lavender Wrapped Soap	1.50	75p	
Lavender Body Spray	2.65	1.25	
Lavender 50ml Unboxed Sprav	4.95	2.45	
Lily Of The Valley 100gm Talc	2.95	1.45	
Finesse 15ml Spray	3.95	1.75	
Insignia 100ml Cologne	4.95	1.95	
Jovan Man Aftershave 50ml	7.50	3.75	
Jovan Man Aftershave 100ml	9.75	4.75	
Panache Talcum 100gm	4.50	1.95	
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	-		+
Spring Flowers 100gm tale	2.95	1.45	+
Spring Flowers Triple Soaps	4.95	2.45	1
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Tweed Tale	3.95	1.95	-
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Aboutpeople

Carters vouching for hospital

For every £4 spent in Carters Chemist of Northwood, Middlesex, a 20p voucher is donated to the Friends of St Vincent's charity, raising money for an Alzheimer's unit at St Vincent's Hospital in Eastcote, Pinner.

Carters supply some of the drugs to the local hospital and decided they wanted to help. Posters in the hospital and pharmacy advertise the scheme and customers ask for a voucher when they buy goods. Vouchers are collected in posting boxes.

The appeal has been running for four weeks and has developed "reasonable interest" from the community, says Michael Carter. It is expected to run at least until Christmas and its success will be reviewed then. Mr Carter says it not only helps the hospital but brings in new customers too.

St Vincent's aims to raise £3.25 million in three years for the Alzheimer's unit and to refurbish other parts of the hospital, says Sandra Whitehead, co-ordinating the appeal from the hospital.

Since the appeal began in April, they have raised £90,000.

Award for Cheng

Dr Heung Kwan Cheng, research fellow in pharmacology at Bradford University, is the 1993 winner of the John M. Harris Research Award.

Dr Cheng's project involves work into the treatment of Alzheimer's disease. The results are expected to be published in January 1994.



Sue and Paul Robson of Format Pharmaceuticals will be getting £10,000 of free advertising in C&D after winning the competition held on the C&D stand at Chemex this year. Sue was pictured with Pauline Borda (left) and Ian Gerrard, two members of C&D's advertising team

Earthquake relief

Pharmaceutical wholesalers, PIF Medical Supplies from Lenton, Nottingham, have teamed up with their local radio station to help raise money for the Indian earthquake.

Mr Kamal Kotecha organised a raffle for the retail pharmacies he supplies — in Nottinghamshire, Leicestershire and Derbyshire — with a prize of £500-worth of pharmaceutical stock.

The lucky winner will be announced on Sunrise Radio this week and will visit the warehouse to choose the prize.

Mr Kotecha — who sold the raffle tickets at £20 each — has raised £400 for the earthquake victims in a week.

Andrew Slater has been appointed managing director of LRC Products after 11 years with London International.

Pharmacist, **Gordon Muirhead**, has been appointed manufacturing director for E.C. De Witt, makers of OTC and niche toiletries.

Jill Pooley is now the British Epilepsy Association's director of information and training. She takes over from Brian Chappell on January 1, 1994. She moves from Trent Regional Health Authority, where she is currently executive officer and the regional nursing director.

John Markham takes on the position of general manager for the surfactants business of chemical manufacturers Albright & Wilson. He still retains responsibility for the Whitehaven site.



Manoj Shah, pharmacy manager of Derek Clarke Pharmacy in Edgware, London, won a Sony Video Walkman in the Nicorette "mastering the numbers competition" at Chemex last month. Mr Shah (left), who guessed the number of Nicorette gum and patches contained in two carboys, receives his prize from Huw Miller (right) of Kabi Pharmacia

Postscript

Spare a thought for those hard pressed market research groups. Once upon a time they were forced to stand out in the freezing cold asking shoppers about their personal hygiene habits.

But times have changed. Today, they have to get their loon pants on and head down to the local rave to do their research!

But they still strive to get results above the whistling,

shouting and flashing lights. And why not!. After all Henley Centre's latest forecast on the "Rave Generation" tells us this market is worth an astounding £1.8 billion per annum.

The average raver, it seems, spends an incredible £20-£50 a night. And more significantly, say Henley, raving is not a cult but a whole new leisure concept.

So it's out with the shell suits and down to the local warehouse to dance till you drop!



An AC Cobra was the dream won by Chris Norton of Chichester in Unichem's win a dream competition featured in *Healthy Times* magazine. Richard Swift, regional sales manager for Unichem, hands over the keys as three times Olympic rowing gold medalist Steve Redgrave (left) looks on. Piyoosh Chotai (right) of Eastgate Pharmacy in Chichester, where Mr Norton collected his *Healthy Times*, watches the presentation

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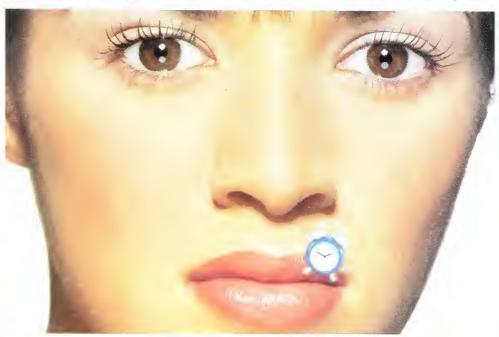
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Treating the tingle can prevent a cold sore





ZOVINAX COLD SORE CREAM. Acyclovir, Essential information. Presentation 5 is wive acyclovir in water miscrible cream base. Uses Cold Sore treatment Dosage and administration Applitimes a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. Contra-indications, warnings, etc. Contra-indications: Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to acyclovir or propy glycol. Precautions: Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye of genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. Side- and adverse-effects: Transient burning or stinging may follow application. Mild or flaking of the skin has occurred in about 5% of patients. Erythema, tiching and contact dermatitis has been reported rarely following application. Retail Selling Price – subject to Retail F Maintenance: 2g tube – £4.99 (PL 3/0304) Legal category P. Further Information available on request: Wellcome Medical Division The Wellcome Foundation Limited Crewe Hall, Credeshire, Date of the propagation of the start of the propagation of the start of the propagation of the patients.